301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STAT AL EXAMINE ffice 1/23/01 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY director. Page a. STATE b. COUNTY is necessary, MASS MARYLAND b. CITY OR TOWN (if oulside corporele limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Vour write RURAL and give neerest town) of BROOKLINE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ٥ Boar d. STREET ADDRESS IS RESIDENCE ON A FARM? 211 ST PAUL ST. State YES T NO Race Track death. Laurel NAME OF Middle DATE Month Dev 18. Give Pages 1, 2, and 3 to the full form PM3. Page 5 may be retain mit. File pages 1 and 2 with the State event within 72 hours after deal Year DECEASED OF (Type or print) DEATH 1961 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH LIF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED 9. AGE (In yeers NEVER MARRIED asi birthdey) Months W Davs 6 WIDOWED [DIVORCED 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done dwing most of working life even if relired) HORSES FATHER'S NAME 14. MOTHER'S MAIDEN NAME SALVATORE ANDOLINO **EPISANIA** ALESSI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass permit. (Yes, no, or wakown) | (If yes give war or dates of service) 211 ST. PAUL ST. PAUL ANDOLINO with MEDICAL EXAMINER: This certificate should be executed in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Office along burial-fransit ONSET AND DEATH PART I. DEATH WAS CAUSED BY and IMMEDIATE CAUSE (a) maderatie Cordinascedo Deseros DUE TO removal Conditions, if any, which "pending" geve rise to immediate ceusa DEPUT MEDICAL AACTIONS THE WORD "pending" ease execute the certificate, writing the word "pending"s 10 DUE TO (e), stelling the underlying SE cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION Medical Ex should be u PERFORMED? NO plnous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of friend in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While 0 at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry X and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPLITY MEDICAL EXAMINER **EXAMINER'S** DEPU NAME (Type) Address (Streat, city, fown, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) its REMOVAL (Specify) BURIAL OH ठ 40 MASS STODRESS MICHAEL 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME 322 S. HIGH ST DATE JAN 1 7 '61 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

THE REPORT OF THE PROPERTY OF THE PARTY OF T William the second to the second A STATE OF THE PARTY OF THE PAR

VS A15 (4) 15M 9/55

01	CERTIFICATE	OF	DEATH
24	CENTILICATE	O.	PLAIII

C0094

470	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE D. C. b. COUNTY WASHINGTOND.
b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
GLEN BURNIE 18mo,	N ASH., D.C.
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION RT 2, BOX 874- SENERH AVE-	d. STREET ADDRESS 3 109 6 5T. S.E. e. 15 RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print) FLORENCE THERESA	HGLE 4. DATE Month Day Year OF DEATH JAH. 4th 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) HOUSEWIFE NOHE	WASH, D.C. YES
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOS. ATWELL (DEC.)	NOT KNOWN (DEC.)
(Yes no or unknown) . If we are not not a date of company	NORMANT Address LMER KING (son) R+2, for 874- Glan Bennie, M
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CO.	RONARY THROMBOSIS ONSETAND DEATH
LA-LA A DIJE TO	- Care
Condition it was the HYDER TEN	SION ICYRS
gove rise to immediate	
lying couse lost. DUE TO CARD 10 - VASC	ULAR-RENAL DISEASE 10 YRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	- MASSIVE HEMOREH OF PACE (LT. LEG. PERFORMED? YES NO NO
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	C. (Enter noture of injury in Port I or Port II af item 18.)
S 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. While Not while foc of work of work 19	tory, street, office bldg., etc.)
21. I certify that I attended the deceased from Off	
	occurred at 1330 AM, from the causes and an the date stated above.
ACTUAL H. F. Manyak	ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 425 S-RITCHIE HWY
PHYSICIAN'S H.F. MANUZAK, M.D.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
	CREMATORY Com Coly Coly, town, or country (State)
23. FUNERAL DIRECTOR'S SIGNATURE WWW. CHAMASONS C-577-1159 97 3.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
किया।	DC- DATE JAN 9 '61 Outhor & Harris

10 HO.

4 may be retained by the hospital or attending death.

AL DIRECTOR: After this certificate has been a firector, page 3 should be detached for the continuation of the continuation

(4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	LACE OF DEAT	H			2. USUAL RE	SIDENCE (Where dec	eased lived, If	institution: Reside	nce before admis
8	. COUNTY	Anne Arunde	1	MARYLAND	a. STATE	Maryl	and	b. COUN		rundel
Ŀ		(if outside corporate limited give nearest town)	is,	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If out	side corpoi	rete limits, write	RURAL and give	nearest town)
	Annapol			DOMESTIC BOOK	10	Annap	olis			
-		PITAL OR INSTITUTION (f not in hos	pitel, give street eddress)	d. STREET A		0110			e. IS RESIDE
		~			730	D: 011	01			ON A FAI
	nne Aruno	del General	Hospi		513	Fifth				YES NO
1	DECEASED	FIEST		Middle	Last	4.	OF	Month	Dey	Yeer
1	(Type or print)	Katheri			BARBOUR		DEATH	Janua	ry 25	1961
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	B. DATE OF BIRTH		9.	AGE (In yeers last birthdey)	IF UNDER 1 YEAR	
F	emal e	Negro	WIDOWE		June 22.	1905		55 yrs.	Months Deys	Hours Mi
1Da.	USUAL OCCUPA	TION (Give kind of work	1Db. KI	IND OF BUSINESS OR INDUSTR			State, or fo	oreign country)	12. CITIZEN	OF WHAT COUN
dor		vorking life, even if retire		>=========	77.5				TT C	
12	Domesti FATHER'S NAME	LC	7	NANANANANANA		ginia	45		U.S	•
13.	TATHER 3 NAME				14. MOTHER'S	MAIDEN NAM	VE.			
	James !				Hanna	Thoma	S			
		VER IN U.S. ARMED FOR (If yes give wer or detectors		SOCIAL SECURITY NO. 17.	INFORMANT			Address		
(10)	No.	(11 Aes & I Ae Met ot deter of 20		IInlmoun Man	or C C Tro		732 B	1 C41 C4	A	363
1		DEATH Enter only one		Unknown Mar	y S.S.Va	WIS -	יו נגנ	lith St	. Anna	MO SETWEEN
		TH WAS CAUSED BY:	7	Daniel .	0		1			NSET AND DEAT
	700	IMMEDIATE CAUSE (0)	1	vension	Con	yer	was			
	522	DUE TO		, ,				0		
	Conditions, if an	y, which) (b)	/ev	at 1 Cm	dias	0 1	ian	line		
	gave rise to imme	diete ceuse								
	(a), steting the	underlying DUE TO								
	couse lost.) (c)								
8	PART II. OTH	ER SIGNIFICANT CONDIT	TIONS CON	ITRIBUTING TO DEATH BUT NO	OT RELATED TO TH	E TERMINAL	DISEASE C	ONDITION GIV	'EN IN PART 1(e)	19. WAS AUTO
51										YES NO
폴		WAS UNDERLYING [2Db. DES	CRISE HOW INJURY OCCURED). (Enter neture of i	njury in Part I	or Part II	of item 18.)		
Ö		G CAUSE OF DEATH Y MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJ	URY Month, Dey, Yes	ar 20d.	INJURY OCCURRED 2De. PLA	CE OF INJURY (H	ome, ferm, 1 2	20f. (City	or town)	(County)	(State
ğ	Hour a.m.		While		tory, street, office b	ldg., etc.)				
× .	p.m.		at worl	0 0			7-			
				ded the deceased from.						
	saw the decea	ased alive onJa	n. 25	19.61, and that	death occure	d at	M, from	the causes	and on the	date stated ab
	22a. SIGNATURE	1			1	2:35	A.M.			22b. DA
		11 /1	000		ATTENDING	MED.	_	STAFF PHYS.		1/2510
	22c. PHYSICIAN'	1 / 2 00		N	1.D. PHYS.	LA	.TOK	FII13. [_]		1/24
	NAME (Typ		en				1 St.	Annar	olis, Mo	/ /
220	SURIAL CREMA	TION, 236. DATE THER	FOF	23c. NAME OF CEMETERY				TION (City, to		(Stete)
238	REMOVAL (Specify	4			OR GREMMIORI					(21010)
DU	LTGT	" 1-29-61		Good Hope				Royal -		
24	FUNERAL DIRECTO	DR'S SIGNATURE		ADDRESS		25a. REC'D B	Y REGISTR	AR 25b. RE	GISTRAR'S SIGNA	ATURE
	C.E.HICKS	S 111 Ar	mapol	is, Maryland		DATEJAN 3	1 '61	0		
								- Cle	Thung & Ha	77

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VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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000				
1. PLACE OF DEATH o. COUNTĂnne Arundel	MARYLAND	2. USUAL RESIDENCE (Who STATE Maryland	ere deceased lived. If institution: Resider b. COUNTY	nce befare admissian)
 CITY OR TOWN (If autside carporate limits, RURAL and give nearest tawn) 	, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	outside carporate limits, write RURAL and	give nearest town)
Fort George G. Me	ade -	Baltimore	3001-4	
d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION	LA CONTRACTOR OF THE PARTY OF T	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
United States Arm	y Hospital	1536 N. Mi	lton St	YES NO 🛚
3. NAME OF First DECEASED (Type or print)	Middle	Lost BARNETT	4. DATE Month OF DEATH JANUARY	Day Year 22 19 61
Tramala Man	7. MARRIED NEVER MARRIED MIDOWED DIVORCED	B. DATE OF BIRTH 12:1: 22 Jan 61	9. AGE (In years less birthday) Annths yrs.	Dows Hours Mig.
10a. USUAL OCCUPATION (Give kind of work do during mast of working life, even if retired)	ine 10b. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (Stole Maryland		TIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	THE PLAN.	14. MOTHER'S MAIDEN N		
Alvin Barnett		Janice W	ilburn	
(Yes, no, ar unknown) (If yes, give war or dates of serv	vice)	INFORMANT	Address	
	-	Mother - 1536	N. Milton St Balto,	, Md.
18. CAUSE OF DEATH [Enter only one caus				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Pneumonia: - a	spiration of a	mniotic contents.	
760.0 DUE TO	01-7			OF THE STATE OF TH
Conditions, if any, which gave rise to immediate (b)_	Questionable	sub-dural hemo	rrhage.	
cause (a), stating the under-				7 7 1 1 5 1
lying cause last.) (c)	ITIONIC CONTRIBUTING TO DEATH B	LIT NOT BELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PAR	PT 1(a) 10 WAS ALITOPSY
Š				PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Haur a.m. 19	20d. INJURY OCCURRED While Nat while at wark at wark	PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc), 20f. (City or tawn) ((Caunty) (State)
21. I certify that (I) (CROSCIOSO)	attended the deceased from	21 Jan 19	61 to 22 Jan 19	61 that (1) (NOXE) las
saw the deceased alive an 22	Jan 19 61, and that	death accurred at 12:	30 film the causes and an th	
22a. SIGNATURE	10			22b DATE
102 /3	Medel	M.D. PHYS. DI	ED. STAFF RECTOR PHYS.	22 Jan SI STEE
22c. PHYSICIAN'S NAME (Type) ROY M. SLEZAK	, Capt., M.C.	22d. ADDRESS US Army H	osp Ft Geo G. Meade	e, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF			23d. LOCATION (City, town, or county)	(State)
Cremation 30 Jan	61 U. S. A. H	losp	Ft eo G. Meade	, Ma
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC	D BY REGISTRAR 256. REGISTRAR'S SI	
Shirken Volen	1 116 0	DATE	Cath	us S. Firme

Version of the late of the lat The latest and a second that the latest and the second and a second September 1 to 12 to 12

may be the head by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 the State Board of Health priar to burial, crematian, ar remaval, and in any event, with 72 haves after death. VR A1S (4) 1SM 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPIT

y the funeral directar, 2 shauld be filed with

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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00096

1. PLACE OF DEATH	003		2. USUAL RESIDENCE (WH	ere deceased lived. If	institution: Residence	before admission)
o. COUNTY	Anne Arundel	MARYLAND	o. STATE Maryl	b. C	OUNTY .	rundel
b. CITY OR TOWN RURAL and give r	(If autside carporate limits, wri	te c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits,	write RURAL and gi	ve nearest tawn)
1	polis	8 days	Rivier	a Beach		
d. NAME OF HOSP	ITAL (If not in haspital, give str		d. STREET ADDRESS	200011		e. IS RESIDENCE
Anne Aruno	lel General Hos	snital	237 46	bury Road		ON A FARM? YES NO TO
		-				
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	Warren	Le Roy	BEVAN	DEATH	January	12 1961
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (1	YEAR IF UNDER 24 HRS
Male	White wood	OWED DIVORCED	August 3, 188	lost bir	5 yrs. Months	Days Hours Min.
100. USUAL OCCUPATI	ON (Give kind of work done I rking life, even if retired)	06. KIND OF BUSINESS OR INDU			12.CITIZ	EN OF WHAT COUNTRY
Retire		Davis Chem. Co.	Williamspe Pennsylva			U.S.
13. FATHER'S NAME	, L	Bavis Chem. Co.	14. MOTHER'S MAIDEN N			0.0
Joseph E	evan		Clara ?			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.1	NFORMANT		Address	
(Yes, no, or unknown)	(If yes, give wor or dates of service)	Mr	s. Warren L.	Mevan 231	Asbury Roa	ıd
18. CAUSE OF DE	ATH [Enter only one cause pe	er line for (a), (b), and (c).]				INTERVAL BETWEEN
	ATH WAS CAUSED BY:		colusión			ONSET AND DEATH
CI	IMMEDIATE CAUSE (0)	oronary w	cclusion			1 nous
27	DUE TO	0//	/		1	. ,
Conditions, if		evere Hex	nervhage	Secona	lary To	10 days
gove rise to cause (o), stating	DILETO	1		1.1	0	0
lying couse lost.		bronic &	4 Adomal	alacr.		
Z PART II. OT	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PART	1(o) 19. WAS AUTOPSY
O of	· Dance	Ix .	1/1/1			PERFORMED? YES NO
O GOODS Y	1C ACGEC	DESCRIBE HOW INJURY OCCURRE	0/6/	Post I as Post II of item	. 10)	I II I NO I
OR CONTRIBUTING	AS UNDERLYING 20b. A G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. Enter nature of injury in	Part I or Port II of Item	1 10.)	
		d. INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, form	7205 (City	16	(04-4
WE DE INJU Hour o. m.	W		ctary, street, office bldg., etc		(Co	ounty) (State
¥ p. m.		work at work	, "		,	
21. 1 certify that (I) (this respired) attended the deceased from 1/4, 196/, ta 1/2, 196/ that (I) (I) (II)						
All the second s			death accurred at			. (1) 4
22a. SIGNATURE	ised diffe diff	did mar	dedili decorred die	, M, Iram me cao	ises and an me	22b.DATE
	all the	Pina	ATTENDING MI	ED. STAFF		SIGNE
22- 20/20/20/20	ea yau	July 1/2		RECTOR PHYS.	Ц	1/14/61
22c PHYSIC AN'S NAME (Type)	/	. 0	22d. ADDRESS			, ,
U	J. Fred Hawkin	ns, Jr.	100 Cathe	dral St.,	Annapolis,	Md.
	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City	, town, or county)	(Stote)
REMOVAL (Specify Burial	1/14/61	Western Ce	meterv	Bal timore	e, Mayylan	d
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		D BY REGISTRAR 25	Sb. REGISTRAR'S SIG	NATURE
x 11	10110 / 011	1h-04 17 VI	11	4 0 101		
Mr Jucke	un + Jana	Sallo 1,11	DATE DATE	N 13'61	arting S. 1	Marke

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THE REPORT OF THE PROPERTY OF STATE AND THE

MARIO STADISTING

The Market of Charles and Charles and Charles DOOL OF THE SECOND SECO executed within 24 haurs after death,

death certificate be

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Coop and the	TE OF DEATH	ADMINED	
	STATE OF THE STATE	ASSESS	
		aliani sa mandari ya da	
HUMBER OF STREET			- Constitution delay and
Top Elan			
			A THE STATE OF THE
			Heart Seed
			MERCHANISM MENT

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH

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IL DEFARIMENT OF HEALTH	00000
RCH AND RECORDS — BALTIMORE 1, MARYLAND	6009
ICATE OF DEATH	0000

1. PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)
MARYLAND "FIN AMERICAN COUNTY (L. C.
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b carry OR TOWN (If outside corporate limits, write RURAL and give nearest town)
(MITTALL OLD) IN MANDOLD
d. NAME OF HOSPITAL (If not it hospital, give street address) OR INSTITUTION ON A FARM?
unes load unes Ra: YES NO NO
3. NAME OF DECEASED First Middle Last 4. DATE Manth Day Year OF
(Type or print) / MMMA SNOW DEATH / 14 196/
6. COLOR OF RICE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) Months Days Hours Min.
WIDOWED DIVORCED 4-6-1010 84 yrs.
10g USHAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Bellied Margeand U.J. H.
13' FATHER'S NAME 1 91 9
John W. Drown Margares Grown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, hopfor-gaknown) Iff yes, give wor or dates of service) Address Address
110 Inchara from Loman Will
IB. CAUSE OF DEATH [Enter only and couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ceculo Pully and Colombia
H 43 Y DUE TO O - O - O - O - O - O - O - O - O -
Gonditions, if ony, which gave rise to immediate (b) Constant School Hyperbounds
cause (o), stating the under-
lying cause lost. (c) Constant disa Roll
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \[\] NO \[\]
The Acceptance of the Control of the
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
Haur o. m. While Not while of work at work foctory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram. 12 to 12 to 15, that (I) (we) last
saw the deceased alive an 1961, and that death accurred a 500, from the causes and an the date stated above.
22g. SPNATUKE) / 22y DATE
M.D. PHYS. DIRECTOR PHYS.
22c. Africian's (MANE (Type)) (A A A A A A A A A A A A A A A A A A A
I Not KICHET KOSON 11 10 You To Change to the
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c, MAKE OF CHETERY OR CREMATORY 23d. LOCATION (Circ) own, or clunty)
Burial 1-19-1961 (Marios freight Bayand Mar
ADDRESS ADDRESS SIGNATURE 25b, REGISTRAR'S SIGNATURE
Milliam Meldett. WVVIII GATE JAN 27'61

Assument Resident Description

FOR STATE HEALTH DEPT

ral director. Page for your files. elay is necessary,

TO DEP IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the stand discount as should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1999) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEAT	Н			2. USUAL RESIDEN	NCE (Where deceesed	lived, If institution:	Residence be	fore edmission)
e. COUNTY			MARYLAND	e. STATE		. COUNTY		
b. CITY OR TOWN	runde I (if outside corporete limits d give neerest town)	c. LENGT	H OF STAY IN 16	c. CITY OR TOWN	(If outside corporete lim	ams aits, write RURAL er	nd give neere	st town)
d. NAME OF HOSP	nie ITAL OR INSTITUTION (IF	not In hospitel, give s	nths treet eddress)	d. STREET ADDRESS	5		0.	IS RESIDENCE ON A FARM?
O. MINIMAN OI	cth Street, N	.E.	Middle	Last Sam	4. DATE	Month	Day	Yeer NO
(Type or print)	James Forre	at Dimma			OF DEATH _			19 67
5. SEX	6. COLOR OR RACE	7. MARRIED X NEVE	R MARRIED 8.	DATE OF BIRTH	0 AC-5 (n years IF DNDER	YEAR IF U	INDER 24 HRS.
M	u		DIVORCED T	12/25/75	85	rthdey) Months	Days Ho	urs Min.
10e. USUAL OCCUPA	TION (Give kind of work	106. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stet	e or foreign country)] 12. CI	TIZEN OF WI	HAT COUNTRY?
Retired	coal miner.)		Bellewo	od Penn.	U	SA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
Alexand	ler Burns			Rhoda Cu	lberston			
	VER IN U.S. ARMED FORCE		CURITY NO. 17. II	IFORMANT		Address		
No	in you give wat or delessorse	236-09-	6 332 Mr	s. Etheline	Gilbert (d	laughter)		
18. CAUSE OF	DEATH [Enter only one	cause per line for (e), (b), end (c).]					AL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (+)_	Hypertensi	ve cardio	vascular di	seases.Diah	etes.	ONSE!	AND DEATH
44:	DUE TO							
Conditions, if en	y, which) (b)						10.00	
geve rise to immed (e), stating that	DUIT TO							
ceuse lest.	(c)_			S COMPLETE				
PART II. OTHE	R SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE CONDIT	ON GIVEN IN PAR		AS AUTOPSY PERFORMED?
20e. EXTERNAL C PRIMARY Or CO CAUSE OF DEATH	ONTRIBUTING	b. DESCRIBE HOW IN	JURY OCCURED. (En	ter neture of injury in Pe	ort I or Pert II of item 18.)		
20c. TIME OF INJU	URY Month, Dey, Yeer	While Not W	hile fecto	E OF INJURY (Home, fer ry, street, office bldg., etc		(Cou	unty)	(State)
21. I certify t	hat I took charge of	the remains desc	ribed above, held	an Autopsy .	Inspection X	Inquiry X.	and in m	ny opinion
death resulted	from Natural cau	ises 🕱. Accide	ent , Suicio	le , Homicide	Undeterm	ined manner	7	
	1, -	2/0	-/)	CHIEF MEDICAL	EXAMINER [
ACTUAL SIGNATURE	Sustan	enta	relieop	A ASSISTANT MEI	DICAL EXAMINER		DATE	SIGNED
EXAMINER'S			The There	DEPUTY MEDICA	AL EXAMINER	1/30/61		
	Gustave H.	Faubert.M	1.D.		city, town, or county)			
22e. BURIAL, CREMATIC REMOVAL (Specif	2-2-61	F 22c. NAM	GOF CEMETERY OR	CREMATORY	22d. LOCATION (CI	y, town, or country	1)	(Stote)
1 Fund		Ste	an Ateven	Men 16.	Libn ;	Trumi	5, 1	nd-
23. FUNERAL DIRECTO	in the	DODRE	R	240. RE	C'D'BY REGISTRAR 24	b. REGISTRAR'S	IONATURE	
11 1-0	Theor	- Alla	no deen	DATE DATE	R 6 '61	Closton 8	K	
				- 12		Coxwall 2.	/ OLANGE	

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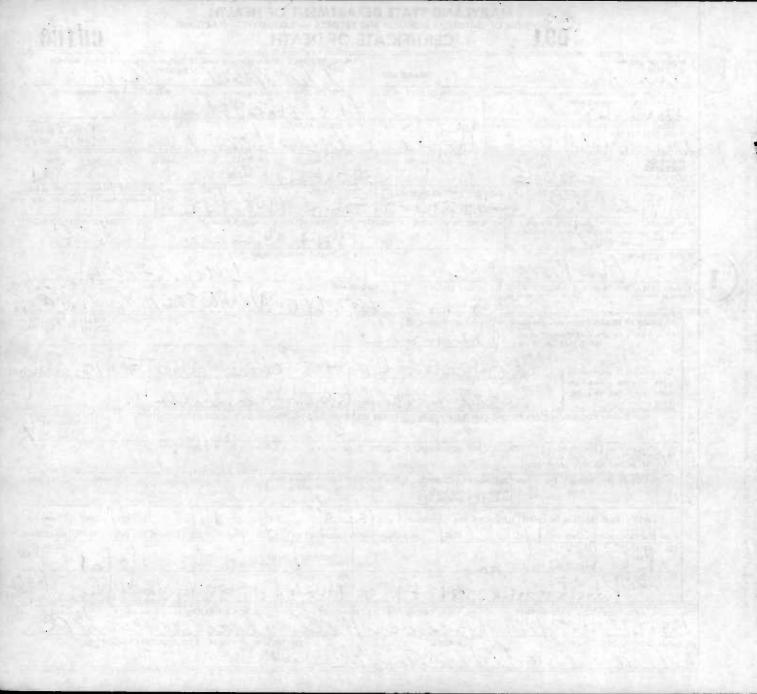
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MARYLAND STATE DEPARTMENT OF HEALTH OPINISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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- 1		
1	1. PLACE OF DEATH E. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE O. J.
2	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c CTIX OR TOWN (If gotside corporate limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Lost 4. DATE Month Day Year OF DEATH 1961
	S. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED WIROWED WIROWED	B. DATE OF BIRTH Sold birthdoy) Sold birthdoy) Months Months Min.
	10o. USUAD OCCUPATION (Give kind of work done during most of working life even if retired)	USTRY 11. BIRTHPLAGE (Stote or foreign country) 12. CITIZENOF WHAT COUNTRY?
1	13. FATHER'S NAME MIKNOWN	14. MOTHER'S MAIDEN NAME WARMONT
	75. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	Hames Allells 325 n. Windell ave.
	18. CAUSE OF DEATH [Enter only one couse perfline for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b) Congestive (Sear Talene due to 12 Days
	couse (o), stoting the under. DUE TO lying couse lost. (c) Country A Country	Hyterhairs Cardy-los what Diserce
)	CATE	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 1B.)
		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) aftended the deceased fram	death accurred at 1900, to 1100, that (I) (we) last death accurred at 1900, from the causes and an the date stated abave.
,	220. SIGNATURE Richia da	M.D. ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAMS L. RICHARDSON MI	D. 10 CLAY STAMATPOLIS, 98
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BREMOVAL (Special) 1-7-1961 Brewe	Hell Kennapoles Mile
	24 FUNERAL DIRECTOR'S SIGNATURE WILLIAM RELOCATE COMMON ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

aurs after death. Page 4	the funeral director,	(
at the death certificate be executed within 24 hi	the attending physician and completely filled in Then please remove carban papers. Pages 1 a	and in any event, within 72 haurs after death.
TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be relief by the hospital ar attending physician. TO FUNERAZ DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and should be filed with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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. Page directo			PLACE OF DEATH a. COUNTY ARUND ELMARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of STAT	Homore CZ
death	B LAVI		b. CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 12/26/56 334 L TIMOR E	3 VO 1,4
the the	010		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION 1729 N SMALLWEED STR.	e. IS RESIDENCE ON A FARM? YES NO
24 hau	5 5 6		NAME OF DECEASED (Type or print) CH LOST / CHAPDAN 4. DATE Month OF DEATH	Day Year 2/ 196/
d within	firer dec	5. 5	S. COLON ON WARKIED I MAKKIED I S.	YEAR IF UNDER 24 HRS. Days Haurs Min.
d comp	haurs o	10a	during most of working life, ever if retired) MELLOWN (Give kind of work done done during most of working life, ever if retired) Mellown Louis Mellown Louis Mellown Louis Mellown Mellown	EN OF WHAT COUNTRY?
ate be e	thin 72	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME M KLOWN to us	
certificate t	event, wit		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT S. no, or unknown) (If yes, give war or dales of service) Address Address	
at the death	and in any a		1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
an.	ar remaval,		Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) house a brase symboon arrow all of the ferrer regard actes; or also or all or	
physici nas beer	offian, o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: T	al, crem	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	
PHYSIC al ar att his certi	to buri	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 20d. INJURY OCCURRED While Nat while at wark at w	ounty) (State
NDING e hospite : After t	ith prior		21. I certify that (I) (this haspital) attended the deceased fram. 19	
d by the	of Hed		220. SIGNATURE M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
RAZ DIE	e Board		22c. PHYSICIAN'S NAME (Type) 1. BENEDICT M.J. 22d. ADDRESS Growmittle State Horpet	El .
may be	page 3 the State	230	REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
VR A15 (4	a Ch	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 348 M. (allow) DATE JAN 23'61 256. REGISTRAR'S SIGNATURE ADDRESS DATE JAN 23'61	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) . COUNTY Anne Arundel o. STATE b. COUNTY Maryland MARYLAND Anne Arunde buriof. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) inthicum Catonsville Few seconds ector. 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Baltimore-Washington Express way Cherrydell Road YES NO 1 õ NAME OF First Middle 4. DATE Month funerol Day Year YOUR DECEASED registr (Type or print) Luthor Glen Colling DEATH 19 19 6] January for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. pained (qut birthday) Months Male Days Hours Min. White WIDOWED [DIVORCED T Oct. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Spring Gbove State pup HospitalEmployve pe Virginia USA 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Poges 1, oge 5 ma pages Andrew J. Collins Rosa Burke Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 01 0605 Jesse W. Collins. Same as PM3 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Item 18. PART I. DEATH WAS CAUSED BY: form Crushed chest IMMEDIATE CAUSE (o) Sudden DUE TO = Conditions, if ony, which pencil gave rise to immediate cause buriol DUE TO (o), stoting the underlying couse lost. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 00 CERTIFICATION PERFORMED? YES 🗍 NOT 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Exomi walking on Faltipore Express yay when he was hit Y 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) to the Chief Medical DIRECTOR: Page 3 s WEDI factory, street, office bldg., etc.) Not while writing the ot work ot work ti ore-lashington Lypress way Linthicum lid 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection [Inquiry], and find that death resulted fram: Natural causes . Accident . Suicide . Hamicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER 1/20/61 **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER cute th Gustave I Rombont 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATEJAN 2 4 '61 arthur S. Krans

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH			
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	county An	na Arundel		MARYL	AND	2. USUAL RESIDENCE (WI	here decease	d lived. If instituti b. COUNTY	Dorc	hest	e admiss er	ian)
b. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town). Tyar Tyar Advs.					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Cr	ownsville		9 mos. 4 d	ays	Cambridg	e		0	7 1	3-)
	d. NAME OF HOSPITA	AL (If nat in haspital, s	give street	address)		d. STREET ADDRESS				1	. IS RES	FARM?
		lle State	Hospi	tal		Pine & C	ross	Streets				NO 🗌
3. 1	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mor	ith	Day	,	Year
	(Type or print)	Geor	rge	W.		Cornish	OF DEATH	1	10.0	10) .	19 61
5. 5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		B. DATE OF BIRTH	A K	9. AGE (In years lost birthday)	IF UNDER	_		
	Male	Negro	WIDOW	ED DIVORCED		July 10, 189	6	64 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind af work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign o	country)	12. CITI2	ZEN OF	WHATC	OUNTRY?
	Unemployed		,			Marylan	d		1	U.S.	A	
13.	FATHER'S NAME				-	14. MOTHER'S MAIDEN	VAME					
	John Con	rnish				Isabella	Laws					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress	7.11		
(10)	Yes	If yes, give wor or dates of s World War		Unknown		Hospital Rec	ords					
				ine for (o), (b), and (c).]	-					INTE	RVAL BE	TWEEN
-		TH WAS CAUSED BY:		Cachexia						ONS	ET AND	DEATH
	163	IMMEDIATE CAUSE (d										
	Conditions, if an	which)	E	ronchogenic	Car	cinoma						
	gove rise to in	nmediate (1	9						1		
	couse (o), stating t lying cause last.	he under-										
Z		ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	/FN IN PART	1(0) 19	WASA	ALITOPSY
CATION				associated			III TAE DISEAS	e continuent on	EI II II (7.K)	((0)	PERFO	KWEDY
11.						. (Enter nature of injury in	Part 1 or Par	rt II of item 18.)		1	113 [NO
L CERTII		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICA	20c. TIME OF INJURY Hour a.m.	Manth, Day, Ye	ar 20d. I While		Oe. PLA	CE OF INJURY (Hame, farm lory, street, office bldg., etc.	n, 20f. (City	y or tawn)	(0	aunty)		(Stote)
W	p. m.	19	at wo	rk ot work								
	21. I certify that	t (1) (this haspita	l) attend	ded the deceased f	ram	4/6/ 19	59 ta_	1/10/	19_6	1, the	at (I) (we) last
	saw the decease	ed alive an 1/	10/	1961 , and t	hat de	eath accurred at 8:	45 from	the causes an	d an the	date	stated	abave.
	220. SIGNATURE	Mull	elle	PhS .		ATTENDING M	AM ED. IRECTOR	STAFF PHYS.	Janua			SIGNED
	22c. PHYSICIAN'S	1		V		22d. ADDRESS				- 0	, , ,	
	NAME (Type)	L. Bened	lict,	M. D.		Crownsvil	le Sta	ate Hospi	tal.	Mary	rland	d
23a	BURIAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF CEMET	ERY OF			TION (City, town,			(State	
	REMOVAL (Specify)	1/11/61		Cambri	9 dp		Con	mb.	,,,	1	'ld	
24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	1	250. REC	D BY REGIS	TRAR 25b. REGI	STRAR'S SIG	NATUR	E	
1	James Co	noral	~	222 Cedar	S	Camp DATE	AN 13	'61	other &	the	u.c	

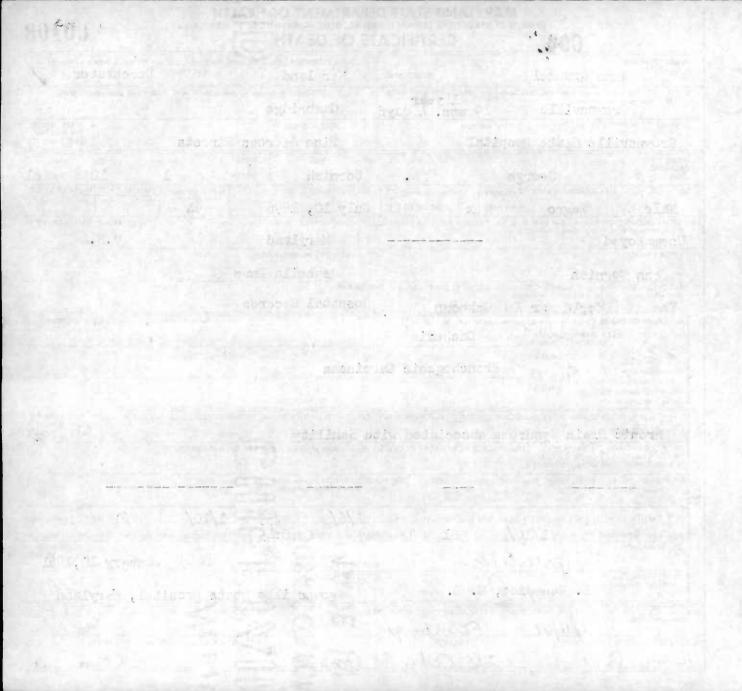
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

v the funeral director, 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be to help by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Baard at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

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ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lural C. LENGTHOF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Autority of the company of the compa
094		d. NAME OF HOSPITAL III not in hospital, give street address) OR INSTITUTION World Mann Ithough Willers Ville a Galow YES NO
ed to		NAME OF First Middle Lost 4. DATE Month Day Year OF DEATH 5 1961
after de	S.	F WIDOWED DIVORCED 12-15-1882 lost birthday) Manths Days Haurs Min.
2 haurs	L	USUAL OCCUPATION (Give kind of work done during most of Working life, even if retired) Tollowing 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHBOICE (State-or foreign country) Alternative 12. CITIZEN OF WHAT COUNTRY Alternative USA USA USA USA USA USA USA US
I hin de	13.	Martin Umray 14. Mother's Maiden NAME
event,	IS. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SÉCURITY NO. 17. INFORMANT Katturyn farler 17 George Cur.
any		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
. <u>.</u>	П	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL CORTICAL INFARCTION 3
6		DUE TO
aval		Canditions, if any, which gave rise to immediate (b) CEREBRO VASCULAR OCCLUSION 2 mall
e i		cause (a), stating the under. DUE TO lying cause last. (c) CEREBRAL THLOMASIS 2 months
ים ס'ע	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED?
natio	ICAT	CEREBARZ ATHEROMA. YES NO
al, cre	L CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
ta buri	MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at wark a
Prig		21. I certify that (1) (this hospital) attended the deceased from 12
E E		saw the deceased olive on 1/2 1961, and that death occurred a 3.304M, from the causes and on the date stated obove
d of He		220. SIGNATURE y evard Church M.D. ATTENDING MED. STAFF SIGN
Boar Boar		22c. PHYSICIAN'S NAME (Type) CERARN CHUNCH. 22d. ADDRÉSS 121 CATHEORNE ST ANNALOU.
the Sta		BURIAL CREMATION, 25%. DATE THEREOF 23c. NAME OF TEMPTRY OR CREMATORY Tuy 23d, LOCATION (City, toyn, or county) Bullion (State) Me
(4)	24.	FUNESAL DIRECTOR'S SIGNATURE 42 6 CAMPRESS July Busine W 250. REC'D BY REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE
do'	1	DATE JAN OUT COUNTY 2, VICINIA

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FOR STATE HEALTH DEPT. files. Mealth, lay is necessary, TO DEPCE. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necephalease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fall director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trapsit permit. File pages 1 and 2 with the State Board of for its designated agent, prior to burial, cremation, or removal, and any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 19 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11 OF DEATH

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution: Re	osidence before admission)
	O. COUNTY NE-ARUNDEL MARYLAND	*. STATE M = COUNTY =	
b.	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give peerest town)
	Chigite RURAL and give neerest town 2 Years	XSAINE	give necessition in
d.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
0	It sughthapel.	SAME.	YES NO P
D	NAME OF DECEASED (Type or print) & ROVIER-CLIFTON-L	OPSTY 4. DATE Month OF DEATH JAN 34	Dey Yeer
5. S.	6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. I	DATE OF BIRTH 9. AGE (In yeers if UNDER 1 y lest birthdey) yrs. Months D	YEAR IF UNDER 24 HRS. eys Hours Min.
10e.	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY)		EN OF WHAT COUNTRY?
done	reclined from P. K. P. U.S. LABORER.	Ruthand 6.6.60 md 20	- 4. 9.
13. F	FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
1	NICHOLAS-DORSEY	SUZANNE-GUEEN.	
15. V (Yes.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI	FORMANT - Address	/ 1
	11/-07-655gms	cugena Dossey wy	40
111	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
11	PART I. DEATH WAS CAUSED BY: () LONG ()	horion	ANSET AND DEATH
	H 20 DUE TO		
	Conditions, if eny, which (b)		
	geve rise to immediate cause (e), stating the underlying DUE TO		
	cause lest. (c)		
No =	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS ALITOPSY
F			PERFORMED?
5	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Ente	a nature of injury to Post I or Post II at its 40)	YES NO
GR C	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	r meture of mijury in Part I or Pert il or nem (6.)	
MEDICAL		OF INJURY (Home, ferm, 20f. (City or town) (Count	y) (State)
WED	Hour e.m. While Not While fectory	, street, office bldg., atc.)	
2	21. I certify that I took charge of the remains described above, held	an Autopsy , Inspection D. Inquiry D.	and in my opinion
	death resulted from: Natural causes . Accident . Suicide	Homicide . Undetermined manner	
		CHIEF MEDICAL EXAMINER	
	SIGNATURE OUSTAVE-H. FAUBERT	M.D. ASSISTANT MEDICAL EXAMINER [1/2/6/	DATE SIGNED
		M.D. DEPUTY MEDICAL EXAMINER	
	NAME (Type) Sustave Deluberano	Address (Street, city, town, or county) Slew Bu	enie lel.
	BURIAL, CREMATION, 22b. DATE THEREOF 222 NAME OF CEMETERY OR CI		(Signo)
L	Smal 1-6-1961 0/1/2 1000	Odenton a	11a.
23	FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
11.	Villem Keesett. WWW.	DATE JAN 9 '61 Circling &.	Kraus

STACEBOARD HIS TIME A DESCRIPTION OF THE GRADE SERVICE AND ACTION ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION ACT THY AND TO WITH THE THE THE OF STATES

FOR STATE HEALTH DEPT.

ay is necessary, of Health. for your files. TO DEP. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is replease examtle the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full direct should be forwarded to the Chief Medical Examiner's Office along with form PMS Pege 5 may be retained for your TO PUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State Board or its designated egent, prior to burial, cremation, or removal, and in any event within 2 hours efter death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

O(1)1(17)

	030	ems 13.14 151	mG2/9 1-25-01	et	00104
1. PLACE OF DEATH	H				stitution: Residence before edmission)
	ne Arundel	MARYLAND	a. STATE	vland b. COUNTY	Anne Arundel
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1		f outside corporate limits, write R	
_	giva nearast town)	7 425	X	al Charachtan	
	urchton TAL OR INSTITUTION (if not in	hospitat, give street address)	d. STREET ADDRESS	al Churchton	e. IS RESIDENCE
Fr	anklin Menor		Fran	nklin Manor	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	н.	MALONE I	RESBACH	of DEATH Januar	
5. SEX	6. COLOR OR RACE 7. MA	RRIED MEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF last birthday)	
Male	White WIDO	WED DIVORCED	SEPT 26 19	7/4 50 yrs.	Months Days Hours Min.
10a. USUAL OCCUPAT	ION (Giva kind of work 10	. KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (Stata	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ATTORNE	orking life, even if retired)		11. 4.	KANSAS	1151
13. FATHER'S NAME			14. MOTHER'S MAIDEN		1604
	h Spencer Dre		Anna Malo		
	fyasgive war or datas of servica)			wood Address	Hotel
NO		/1	arry weegti	ng washingt	TON DC
18. CAUSE OF D	EATH [Enter only one cause]	per line for (a), (b), and (c).]			INTERVAL BETWEEN
	H WAS CAUSED BY: Mas	ltiple gunshot	wounds of face	a and trunk	ONSET AND DEATH
90	11-	rorbre Emignon	woulds of Lace	s and ordin	
0	DUE TO				
Conditions, if any	10/				
gave rise to immedi	> DITE TO				
causa last.) (c)				
Z PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
DE L					PERFORMED? YES NO
20a. EXTERNAL CA	ALISE WAS 1 205 DE	SCRIBE HOW INJURY OCCURED	(Enter nature of Injury in Part	Los Part II of itam 1R \	123 0 100
PRIMARY OF CO	ONTRIBUTING 🗆	JCKIDE HOW INJOK! OCCORED	. Vental material of many in Poli	Tot fall it of flatte to sy	
	sno	t during alter	ation		
20c. TIME OF INJU		Od. INJURY OCCURRED 20e. I	LACE OF INJURY (Home, farm actory, street, office bldg., etc.		(County) (State)
0:00 dour a.m.	Jan. 7 19 61 at	work at work	home		r Anne Arundel, Md
		remains described ebove,	held an Autopsy 🛣	Inspection , Inquiry	, and in my opinion
death resulted		_ / /	ricide , Homicide	Undetermined man	oner 🗍
dodin rosanco .	/		CHIEF MEDICAL E	Litte	
ACTUAL	11-15	1			D T M T 414111
SIGNATURE_	Challes 3.	Idly.	M.D.	ICAL EXAMINER	DATE SIGNED
EXAMINER'S	Observation O. D.		DEPUTY MEDICAL	. EXAMINER	7 /0 //7
NAME (Type)	Charles S. P.			city, town, or county)	1/8/61
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OK CREMATORY	22d. LOCATION (City, town, o	NSAS (State)
Burial	1/16/61	OAKLAWN		ENCIN KM	75713
23. FUNERAL DIRECTO	411 17	4 ADDRESS		'D 8Y REGISTRAR 24b. REGIST	TRAR'S SIGNATURE
Buccod	Harding ?	facients ce	DATEJA	N 1 6 '61 and	hun S. Kraus

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inhama, early Facings			L. L. u. V	
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near attent			Truncia Lainna	
In the state of th	HOMESTAD	EMOZEN I	A. H.	
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February and the modern of the second of the	13.1011	Z SOLUTION	cor dina?	10:00
10/10/1		n gran	A Contempt	
Thomas Attaches		onthou y		13.41
THE END OF		Burnelle		Becco

FOR STATE TO DEPCAL EXAMINER: This certificate should be executed within 24 hours after death. If any datay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the said director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Need 2 with the State Board of Health, or its designated agent, prior to burial crequation, or removal, and in any event within 71 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Divi

sion of STATISTICAL I	RESEARCH A	ND RECORDS, 301 V	W. PRESTON STRI	EET, BALTIMORE	1, MARYLAND
		AMINER'S CER			00108

a. COUNIY		2. USUAL RESIDENCE (W	here deceased livad, if in b. COUNT	v
Anne Arundel	MARYLAND	Maryland	1	anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write	RURAL end give neerest lown)
rural Churchton	7 4RS	rural Ch	irchton	
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS	II OH OOH	e. IS RESIDENCE
T		7		YES NO
Franklin Manor 3. NAME OF First	Middle	Franklin M		Dev Yeer
DECEASED	Middle	0	F	
(Type or print) SHIRLEY	S. D	RESBACH	Januray	
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	. DATE OF BIRTH	4 . 4 . 1 . 1 . 1	F UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
female White WIDO	WED DIVORCED DIV	MAY 28 1913)17 yrs.	Months Deys Hours Min.
10e. USUAL OCCUPATION (Giva kind of work 10b	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
dona during most of working lita, aven if retired)		Elt Cto K	ANSAS	1151
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	44242	0.074
A P of or		14. MOTHER S MAILET TRAME		
MRTHUR D. WHATTER			DRING,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or, unknown) (If yes give wear or dates of service)	6. SOCIAL SECURITY NO. 17. 1	1	Address	R Hotel
No.	Hi	itty woodring		gtoN. P.C.
1 18. CAUSE OF DEATH [Enter only one cause p	er line for (a), (b), end (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Min	tiple gunshot w	ounds of trunk		ONSET AND DEATH
IMMEDIATE CAUSE (e)	. orbro Boningo n	outub of of the		
9 0 DUE TO				
Conditions, it any, which (b)				
gave rise to immediata causa (a), steting tha underlying DUE TO				
causa last. (c)				9 7 7 1
	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY
<u>E</u>				PERFORMED? YES TO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	COURT HOLL BUILDY O COLUMN /	Total and the second se	and II of them 40 A	III DE NO
20a. EXTERNAL CAUSE WAS 20b. DES	CRIBE HOW INJURY OCCURED. (I	enter natura of injury in Fart I or F.	iff if of item ib.)	
0110	t during altere	ation		
0 2001	d. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm, 20 ory, street, office bldg., etc.)	f. (City or town)	(County) (Stata)
A hoodour a.m.	hile Not While ho		Charachton (Anne Arundel Md.
21. I certify that I took charge of the r	- / T			
	_ / / _		_	
death resulted from: Natural causes	, Accident , Suic		Undetermined ma	inner
Ω		CHIEF MEDICAL EXAMI	VER	
SIGNATURE (CALLO)	· letter	M.D. ASSISTANT MEDICAL E	XAMINER 🔀	DATE SIGNED
		DEPUTY MEDICAL EXAM	AINER	
NAME (Type) Charles S. Pet	ty	Address (Streat, city, to	wn, or county)	1/8/61
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify)	ORKLAWN GEM	CREMATORY 22d.	LOCATION (City, town,	or country) (Siete)
23. FUNERAL DIRECTOR	A ADDRESS)	24a. REC'D BY	REGISTRAR 246. REGIS	STRAR'S SIGNATURE
23. FUNERAL DIRECTOR Bernard Harduty Ha	leverle und			
rumara cross-7		DATE N 16	'61 Out	ug & Kraus

THE WELL HAVE THE MEDICAL PROPERTY OF THE PARTY OF THE PA To have employ brefyte. The top of the mondonanti form notion of feeting engel officeell rose milione S. CHESTER CAR January 7 F AIRY 28 1913 42 alimid aliment Harry weedenly weakington De control to a superior and a foliation colfronalle outino form 10:00 cost into the cost of the 15 Million Committee good on the - / 1/ 10 Charles Labour Charles Direct 11/2/61 BRIGHT CHARMENT BARCETT KANSING Be nearly productly seemed by seed

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH	1			2. USUAL RESI	DENCE (Where	e deceased lived.		n: Residence befo	ore admission)
	Arundel		MARYLANI		yland	Ь	COUNTY	nne Aru	ndel
b. CITY OR TOW	N (If outside corporate limit e nearest town)	s, write c. LEN	GTH OF STAY IN 11			ide corporate lim	its, write RU	RAL and give ne	arest town)
60	(Hanover P.	0.)	Yrs.	Dors	ey (Ha	nover P	.0.)		
d. NAME OF HO	SPITAL (If not in hospital, gi	ive street oddress)	d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM?
Mar	ole Ave R	t. #1		Mapl	e Ave.	- Rt.	#1		YES NO
3. NAME OF DECEASED	Fire	it	Middle	Los	1 4	. DATE OF	Month	n Do	y Year
(Type or print)	HAR	OLD	L.	DUNKE	RLY	DEATH			
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE		Months Days	Hours Min.
Male	White	WIDOWED [DIVORCED [115 J	une 19		yrs.	monnis bays	110013
Oa. USUAL OCCUP.	ATION (Give kind of work of working life, even if retired)	lone 10b. KIND (OF BUSINESS OR IN	DUSTRY 11. BIRTHPL	ACE (Slote or	foreign country)		12. CITIZEN O	F WHAT COUNTRY
Pipefit			O. R.R.	Dor	sey,	Marylan	d	U.S	. A.
3. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME			
Chest	ter A. Dunke	rly		Co	ra M.	Dunkerl	V		
5. WAS DECEASED	EVER IN U. S. ARMED FOR		SECURITY NO. 17	, INFORMANT			Addre	155	
no	111111	212 0	3 5843	Mr. Norm	an Dun	kerly (son)	Same A	ls #2
18. CAUSE OF	DEATH [Enter only one con	use per line for (o), (b), and (c).]	1		10	-		ERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	13/2	one	109	Del	ec la	3000	company	2/4/2
1/62	DUE TO	_i_		1			1-4		
Conditions,	if any, which) (b)	C 1	Tono	roll.	Ma	100	la	ein 1	6-1mg
gove rise to	immediate DUETO	1	1	ALCU SON		0,	0	0	
lying couse le		6/1	121	000	e se	lice	Va	kee y	1 2 30
PART II.	OTHER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATED TO	THETERMINA	AL DISEASE CONT	ITION GIVE	N IN PART TO	19. WAS AUTOPSY PERFORMED?
NOTE PART II.									YES NO
E 20a. ACCIDENT	WAS UNDERLYING ING CAUSE OF DEATH	20b. DESCRIBE H	IOW INJURY OCCU	RRED. (Enter nature o	f injury in Por	rt I or Port II of i	em 18.)		
	TIFY MEDICAL EXAMINER)								
20c. TIME OF IN Hour o.				PLACE OF INJURY (20f. (City or tow	n)	(County)) (Stote
Hour o.	10		lot while t work	lociory, sileer, office	s bidg., etc.)				
21 certify	that (I) (this haspital	attended th	e deceased fra	make on	19/2	6. ta 22	and	2.196/.11	hat (I) (we) las
	eased alive an	21/21	- 1 2	t death accurre	. 45	- //	nuses and		e stated abave
220. SIGNATUR			A direction	/	10	,	added dire	dir irre dori	22b. DATE
10	filling	cen 1	wand	M.D. PHYS.	G MED	CTOR D STA	FF S. \square		Signet Signet
22c. PHYSICIAN	rs .			22d. ADDR		M.		A sel	1
NAME (Typ	BBB	2-18 h	2021	19/2 26	09%	was	n 2	18112	rege,
23a. BURIAL, CREMA	ATION, 23b. DATE THEREO	F 23c.	NAME OF CEMETER	OR CREMATORY	2	3d. LOCATION (C	ity, town, or	r county)	(Stote)
Burial (Spe			ethel Cer	neterv		Ft.	Meade	. Marvl	and
24. FUNERAL DIREC			DDRESS		25a. REC'D	BY REGISTRAR		TRAR'S SIGNATU	
Sichard	1. Suglita	Oflen	Burnie	Maryland	DATEIAN	1 2 '61	and	un S. Krau	u&
	- 4		وتلكا اخلاط	TIGHTY LEITE	WILL				

TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be the baspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board at Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

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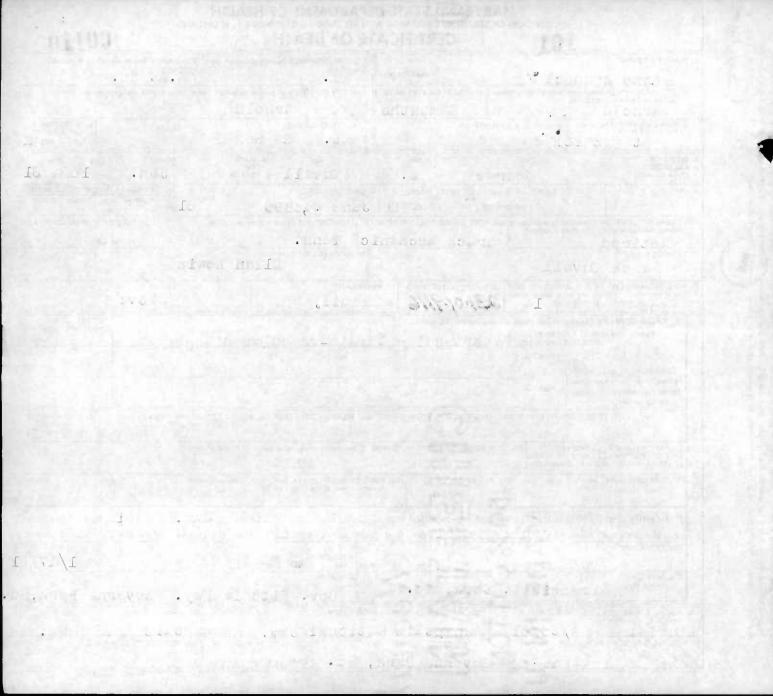
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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C0110

1. PLACE o. CO	OF DEATH UNITY Anne Arunde:	1	MAI	RYLAND	2. USUAL RESI	DENCE (Wh	here deceased	lived. If institution b. COUNTY	on: Residence be	efore admissi	on)
	Y OR TOWN (If outside corpore RAL and give nearest town) Arnold		c. LENGTH OF STA	ths	c, CITY OR		outside corpor	ote limits, write RU	URAL ond give	nearest town	
d. NA OR	ME OF HOSPITAL (If not in hos INSTITUTION, Rt # 2 Box	pital, give street		0110	d. STREET A		Вох	3		e. IS RESI ON A YES	FARM?
3. NAME DECEA	OF ASED or print)	First Georg	Midd	le	Los	all	4. DATE OF DEATH	Mon	an.	7.0	ear 9 61.
S. SEX		-	HED NEVER MAR	RIED 🔲	B. DATE OF BIRT		1	9. AGE (In years lost birthdoy) Ol. yrs.	Months Doy	AR IF UNDER	7
durin	AL OCCUPATION (Give kind of an most of working life, even if Retired ER'S NAME Mack Duval	retired)	kind of Business Truck Med			n .			12. CITIZEN	OF WHAT CO	DUNTRY?
(Yes, no, or	DECEASED EVER IN U. S. ARME unknown) (If yes, give wor of c		SOCIAL SECURITY N	O. 17. IN	FORMANT Family			Addr A	bove		
Co	nditions, if ony, which)	D BY: USE (o) Hy] DUE TO (b) DUE TO (c)	pertensi	ve C					0		DEATH 3.7.8 NUTOPSY RMED?
	Hour o.m.	INER)	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, farm	, 20f. (City		(Count	17)	(Stote)
21. I saw 220.	certify that (1) (this how the deceased alive an SIGNATURE AMM) PHYSICIAN'S NAME (Type) France	spital) attend Jan (1)	led the decease	d that d	_	d at 6P	M, fram t	Jan. the causes and STAFF PHYS. HWy	,	te stated 22b 1/	
REM	IAL, CREMATION, 23b. DATE 1 OVAL (Specify) 1/2 RAL DIRECTOR'S SIGNATURE A. Sarre	0/61	23c. NAME OF CE Annapol ADDRESS Severna	is N	crematory ational		D BY REGISTR	200		(Stote M TURE	



elay is necessary, al director, Page to for your files.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEALTH DEI 1.	I. PLACE OF DEAT	H _		2. USUAL RESIDEN	CE (Where decessed In	ivad, If institution: Rasidence balore admission)
sssary, Page files.	P. A	Co	MARYLAND	a. STATE ALL) b	MONTGOMERY
85年ま	b. CITY OR TOWN	if outsida corporata limits,	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If oulsida corporata lim	its, write RURAL and give nearest town)
ne ecto	Ruca	give naerast town)	D.O.A.	51/ver	Spriv 9	75 - MO
y is are diris	d. NAME OF HOSPI	TAL OR INSTITUTION (if no	I in hospitel, giva streat addrass)	d. STREET ADDRESS	1	e. IS RESIDENCE
h Fe Bo T	D.O.n. ANN	E Arunde	L. Jeverz L	814 SILVER	SPRING AVE	ENUE SY-YES NO NO
Starrent	3. NAME OF DECEASED	First	Middla	Last	4. DATE	Month Day Yaar
the sh	(Type or print)	OHN	(NMI) Fe	RAUSON	DEATH	1 20 1961
古るる古書	5. SEX	6. COLOR OR RACE 7	MARRIED KARRIED	B. DATE OF BIRTH	19. AGE (I	n years [IF UNDER 1 YEAR IF UNDER 24 HRS.
de ye vi	M	1.1		7/7/05	last bin	Months 2073 Hours Mill.
1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	TO TISHAL OCCURAT		DOWED DIVORCED		55	yrs.
2, 2 and 2	dona during most of we	ION (Giva kind of work orking life, avan if ratired)	10b. KIND OF BUSINESS OR INDUS	The second secon		12. CITIZEN OF WHAT COUNTRY?
2 5 B	Bricklayer		J. B. Kelly Co.	Scotlan	đ	U.S.A.
Page 1	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
2000	WILLIAM	FERGUSON		CATHERI	NE WHITELAV	A
id DEIE	15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17.	INFORMANT		Address
18 T	(Yas, no, or unkown) (fyas giva war or datas of servi	220-38-4394 Mrs	. Helen Fergus	son. 814 Si	liver Spring Ave.
hed wiff wiff any	LIC					Spring, Md MTERVAL BETWEEN
in the state of th		H WAS CAUSED BY:	se per lina for (e), (b), and (c).]		DITAGE 5	ONSET AND DEATH
exe iliii ilon ans ans	PARI I. DEAI	IMMEDIATE CAUSE (a)	richere Shuel			tulling
e e e c	(8/2)	C DUE TO				
uld offic original ova	Conditions, if eny	, which) (b)				
oring of the oring	geva rise to immad	ieta ceuse				
ding ding	(e), sleting the u	ndarlying DUE TO				
fica min ed o,	causa last.) (c)				
Exa Exa tior	PART II. OTHE	R SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIT	NAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ord ord be ma	13					YES NO KL
T Sipla &	PART II. OTHER		DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Per	t I or Part II of item 18.	
SR:	CAUSE OF DEATH.		ento accepent	L Reh # 50	Pede	strian
ring bur 3	3 20c. TIME OF INJU	IRY Month, Dey, Yeer	20d. INJURY OCCURRED 20e. P) (County) (State)
MAN OF CO	Hour a.m.	1 20 11	While Not While	ectory, street, office bldg., atc.		ARCU MD
in the				ute 50	. 57	
200 9	21. I certify the	nat I took charge of th	ne remains described above, l	held an Autopsy,	Inspection .	Inquiry, and in my opinion
E Go i i	death resulted	from: Natural cause	s , Accident Su	icide, Homicide	, Undetermi	ned manner
BE ST		any		CHIEF MEDICAL	EXAMINER .	
G D S P E	ACTUAL	GT 1	- el	ASSISTANT MED	OICAL EXAMINER	DATE SIGNED
Cart to	SIGNATURE	e me	: /	M.U.	L EXAMINER	
ex.culd be	EXAMINER'S NAME (Type)	Flinsk	ARdt.		4	1-20-61
DEFECT ase excute though be formered.		ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY		cily, town, or county) 22d. LOCATION (Cit	y, lown, or country) (Stata)
Shoul FUN	REMOVAL (Specify					
0 g 4 0 g /	CREMATION	1/24/61	FT. LINCOLN C			COUNTY, MARYLAND
VS. A15ME	33 A FUNERAL DIRECTO	SUMPHREY, INC	. SILVER SPRIN	G MD 24e. REC	D BY REGISTRAR 24	b. REGISTRAR'S SIGNATURE
5M 7/59	Raymen	da gisk		DATEJAN	V 2 6 '61	arthur S. Kraus
4	1	- 0			-	
	V					

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FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2 103MEDICAL EXAMINER'S CERTIFICATE OF DEATH

EALIH DEPI.		PLACE OF DI	EATH					1	2. USUAL RES	IDENC	E (When	deceesed			Residen	ce before	e edmission
Page salth			Arundel				MARYL	IND	•. STATE	9		Sa	b. COUN	ITY		-	1
い。一世に「ハ」」		b. CITY OR TO		corporete lin	nits,	c. LEI	NGTH OF STAY	IN 1b	c. CITY OR TO		outside c	orporete li	mits, write	RURAL e	nd give	neerest to	own)
d South		· · ·	Durnie	ordar lowing		5	Months		Same	V							
al dii		d. NAME OF H	OSPITAL OR I	NSTITUTION	(if not in ho	ospitel, gi	ve street eddress)	d. STREET ADD	DRESS							RESIDENCE
2 2	4	09 N. R.	itchise	High	ray				Same							_	NO 🔣
Sta Sta		NAME OF DECEASED		Firs	it		Middle		Last		4. DAT	E	Month		Dey	Ye	ser
the er el		(Type or print)		Alice							DEA	TH Ja	nuar	y 4th	1.	19	961
or hit	5.	SEX	6. COL	LOR OR RAC	7. MARRI	ED TN	EVER MARRIED	8.	DATE OF BIRTH				(In yeers pirthdey)	IF UNDER			ER 24 HRS.
5 ma d 2 v hours	1	er er	1	Ĭ	WIDOW	ED 🗌	DIVORCED		Harch 1	1917		43	yrs.	Months	Deys	Hours	Min.
2 pr d 2		. USUAL OCC				KIND OF	BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE	(State o	r foreign	country)		12. C	TIZEN C	F WHAT	COUNTRY
Page 1		Housewi		,		WW.	Itom	e	Philade	elph	ia, P	enn.			USA		
PM3. PM3. WITH	13.	FATHER'S NA	ME	1801 171					14. MOTHER'S MA	AIDEN N	IAME						MAY.E.
/ / / / / / / / / / / / / / / / / / /		?							9								
Form G		WAS DECEASI				. SOCIAI	L SECURITY NO.	17. II	VFORMANT				Address		1		
with the permit				No				Hu	sband.								
					e cause per	line for ((e), (b), end (c).]									ERVAL B	
cil in along ransit		PART I.	DEATH WAS C	CAUSED BY:) Ful	Lmona	ary lemo	rrhk	ige .							Budde	
ce a lai-tr		00	2 X	DUE TO											1 2		
Puri O			f eny, which	100)_ P1	almor	eary Tub	erct	losis							3 yea	ars
ren sa s			mmediete ceuse the underlying	DITE TO													
nine od a		cause lest.) (0)												
Exar Exar Hion	O	PART II. C	OTHER SIGNIFI	CANT CONE	ITIONS CO	NTRIBUT	ING TO DEATH	BUT NOT	RELATED TO THE	TERMIN	AL DISEA	SE CONDI	TION GIV	EN IN PAI	RT 1(e) 1		FORMED?
call de be	CAT															YES 🗌	NO 🗓
Short Short	CERTIFICATION		OF CONTRIBUTE		20b. DESC	RIBE HO	W INJURY OCC	JRED. (Er	nter neture of injury	In Pert	l or Pert 1	l of item 1	B.)				
writing e Chief Page 3 to bur	MEDICAL	20c. TIME OF		Nonth, Day, Y	eer 20d. Whi	leNo	OCCURRED 2		CE OF INJURY (Hom ry, street, office bld		20f. (City or tow	vn)	(Co	unty)	W	(State)
Cate, to the OR:				ok charge	of the rea	mains d	lescribed abo	ve, hel	d an Autopsy	7, 1	nspection	on X,	Inquir	y 10].	and	in my	opinion
the certificate revarded to the DIRECTOR:			Ited from:			,	cident .	Suicio			7,	Undeterr	mined m	anner [7		
BE BE			1		00/	6		1	CHIEF MED	ICAL E	XAMINER			1,500			
forward forward age		ACTUAL SIGNATUR	E Gu	stav	L K.	to	rufe	N	M.D. ASSISTAN				1/5	/61	r	ATE SI	GNED
should be for its designate		EXAMINER NAME (Type	o) Gus	tave H		bert			DEPUTY MI	treet, c	ty, town,	or county		len 1			
should FUNE its des	22a	. BURIAL, CREA REMOVAL (Sp		DATE THER	EOF	22c. N	AME OF CEMET	ERY OR	CREMATORY		22d. LOC	CATION (C	City, town	or country	γ)	(SI	tete)
240 g	1	URIAI	1 1/	10/	6%	6	Reek	MO	UNI CO.	M.	P	nila	pela	ohin	7	1	A.
'S. A15ME	23	FUNERAL DIR	ECTOR /	11/1	Tilte	use	13	0				ISTRAR					
5M 7/59	1	appin	vg +1	YIRY	Y NE	/ (YIEN I	OUR	NIE DA	TE JAI	y 1 0	61	a	Thun S	. That	MA	9_ 11

THE WAY S ENDONE TAKES THE WAY HE COURSE WHITE SEPTEMBER OF THE PROPERTY OF THE PARTY OF THE PAR Ever ellere - The second Company of the second s When Trade of January 19 81 I will to Know

FOR STATE HEALTH DEPT TO DEP. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please except the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the kind all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

0

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00113

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Anne Arundel MARYLAND	Maryland Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis	Crownsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital	
3. NAME OF First Middle DECEASED	Last Month Day Yeer
(Typa or print) PATRICIA FIGULO	January 28 1961
	B. DATE OF BIRTH 9. AGE (In years TF UNDER 1 YEAR IF UNDER 24 HRS.
female White WIDOWED DIVORCED	9/26/24: last birthday) 36 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House Wife Home	D C V.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael M O'Meara,	Flornene T King,
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyasgivewarordatasofservice)	INFORMANT Address
	Ar Walter O'Meara. Riverdale Md. Bro.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Pneumoni	
491× DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(a), stating the underlying	
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
OTT I	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of Injury in Part I or Part II of itam 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL. While Not While at work at work at work	ctory, streat, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy x, Inspection , Inquiry , and in my opinion
death resulted from: Natural causes x, Acgiden Suid	cide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL Collas S. Fell	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
SIGNATURE CITATION S. C. C.	DEPUTY MEDICAL EXAMINER
EXAMINER'S Charles S. Petty	Address (Street, city, town, or county) 1/29/61
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
Burial 2/1/61 Mt Olivet C	enetery Washington, D.C.
W.K. Huntemann & Son. 5732 Georgia Ave N	.W. D. C. DATEFFR 3 161 Clathing & trimes

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CER	TIFI	CA	TE	OF	DE	ATH

COTTA

	105		CERTIFIC	CAIL	OF DEA	IH			Ut	111	7
1. PLACE OF DEATH o. COUNTY	Anne Arun	ndel	MARYLA	100	o. STATE	(Where deced	sed lived. If institut b. COUNTY			unde	_
b. CITY OR TOWN (RURAL ond give n Annap		ts, write	c. LENGTH OF STAY IN	1 1Ь	10.	(If outside car	porate limits, write I	RURAL and	give ne	arest taw	n)
. OR INSTITUTION	TAL (If not in hospital, g	_			d. STREET ADDRES		son Place			e. IS RES	A FARM?
3. NAME OF DECEASED (Type or print)	Fir Jenny		Middle		Lost FINE	4. DATI OF DEA			1	_	Yeor 19 61
5. SEX Female	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED ED DIVORCED		oril 15.	1898	9. AGE (In years last birthdoy) 62 yrs.	Months	R 1 YEAR Days	Hours	ER 24 HRS Min.
10o. USUAL OCCUPATION during most of work House	king life, even if retired	dane 10b.	own home	INDUSTRY	11. BIRTHPLACE (country)	12. CI	TIZENO		COUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAID	DEN NAME					
	Isaac Hurv	itz			Yett	a (Unkr	nown)				
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR				dress			
10.0	ma	-	one	Mr Ji	ilius Fin	e- Huel	acmo		4 2		
			ne for (a), (b), and (c).]		11110 111	ion tiust		4 5 2		ERVAL BE	
	ATH WAS CAUSED BY:	M	1 La Te	7.0	orna	11'0-			ON	SET AND	DEATH
1	IMMEDIATE CAUSE (o		mann	UL	000		4		-		
1/5	- 0		CAN	- 1 -	rome					2/	
Canditians, if a	immediate (cir	to me				-	2/2.	n.
cause (a), stating											
lying cause last.	.) (c										
CATIC	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NOT	T RELATED TO THE	TERMINAL DISE	ASE CONDITION GI	VEN IN PA	.RT 1(a)	PERFC	AUTOPSY DRMED?
OR CONTRIBUTING	AS UNDERLYING GAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter noture af injui	ry in Port I ar I	Part II af item 1B.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Doy, Yes	20d. I While at war	Nat while		OF INJURY (Home, , street, affice bldg		City or town)		(County)		(Stote
21. I certify the	at (I) (this hospital	à attend	ded the deceased fr	rom]	Nov. 26,	, 1960 , to	Jan. 11	19.	61, 1	hat (I) ((w &) las
saw the decea	sed alive an Jar	1. 10	19 61, and the	hat deat	h accurred at.	M, fra	m the causes a	nd an th	ne date	e stated	dabave
22a. SIGNATURE	. 1m.	10	-hlus	M.D.	ATTENDING K	MED. DIRECTOR	STAFF			1/11	SIGNET
22c. PHYSICIAN'S NAME (Type)	Frank M. Sh	niple	ev	Wi.D.	22d. ADDRESS		St., Anna	nolis	Md		702
230. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 23b. DATE THEREC)F	23c. NAME OF CEMET			23d. LO	CATION (City, tawn,	or county)		(Sta	ite)
24 FUNERAL DIRECTOR		01	Kneseth Isr	'ael	25a.	REC'D BY REC	DOLLS MO	STRAR'S S	IGNATU	JRE	
Hopping Fu	12/1/2	1	napolis. Md.		DAT	1034	1 6 '61			Kraus	L
TOPPETING I'M	HONOT TIAME	A.D.	uapolis. Ma.		DAT						

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 and by the haspital or attending physician. may be received by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician-and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Baard at Health priar to burial, crematian, or remayal, and in any event, hithem 72 haurs after death. TO HOSPITAL VR A15 (4) 15M 9/59

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	n	No. 1 Angusty Israel	

VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMEN'	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

106 CERTIFICATE OF DEATH

1		1	1	200	
U	U	1	1	1)	

1	PLACE OF DEATH	na Arundel	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryland	h COUN	NTY -	before odmission)			
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, writ	te RURAL and give	e nearest town)			
a		cownsville	9 mos.17 dates	Westover						
	d. NAME OF HE SPE OR INSTITUTION	TAL (If not in hospital, give street	address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
)	Crown	sville State Ho	spital	Rt.# 1 B	ox 138	11.	YES NO X			
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year			
П	(Type or print)	John	Allen	Finney	DEATH	1	11 19 61			
H	5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yellast birthda		EAR IF UNDER 24 HRS.			
	Male	Negro widow	ED TE DIVORCED	August 1, 18		yrs. Months Do	ays Hours Min.			
	10a. USUAL OCCUPATIO	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZE	N OF WHAT COUNTRY?			
	Farmer	king me, even a temed)		Maryland		U	.S.A.			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME					
	Bob Finn	nev		Polly ?						
	15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Address				
	No	(if yes, give wor or comes or service)	Unknown	Hospital Reco	rds					
	18. CAUSE OF DEA	ATH [Enter only one cause per I	ine for (o), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Uremia			7.	ONSET AND DEATH			
Н	45		ronic Brain Sy	ndrome Associa	ated with					
Н	Conditions, if a	450	neralized Arte							
Н		gove rise to immediate cause (o), stating the under-								
	lying cause last.									
	PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO M			
	20g. ACCIDENT W	AS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I or Part II of item 18.)				
			INJURY OCCURRED 20e. PI	ACE OF INJURY (Hame, farm	, 20f. (City or town)	(Cou	inty) (Stote)			
	20c. TIME OF INJUR Hour a. m. p. m.	While	Not while for	ictory, street, office bldg., etc						
	21. I certify the	at (1) (this haspital) atten		3/24/ 19	60 . ta 1/11/	1961	, that (1) (we) last			
	saw the decea	sed alive on 1/11/	19 04, and that	death accurred at	M, fram the causes	and an the c				
	220. SIGNATURE	Menul		M.D. ATTENDING MI	ED. STAFF PHYS.	1/11/6	22b. DATE SIGNED			
	22c. PHYSICIAN'S NAME (Type)	7 7 7 32	- 1 N D	22d. ADDRESS						
		/ L. Benedi	ct, M. D.	Crownsvil	le State Hos	pital, M	aryland			
	23a. BURIAL, CREMATIC REMOVAL (Specify		23c. NAME OF CEMETERY (23d. LOCATION (City, tov	vn, or county)	(State)			
	Burial	1/16/61	St. James		Shelltown,	Somerset	Maryland			
1	24. FUNERAL DIRECTOR		ADDRESS	25a. REC'		EGISTRAR'S SIGN				
1	Wellen	in /4 th	LANGE HY	well on	JAN X) 9 '61	Civina .	E. Kusts			
1			0 4	me on	ed .	ilin &				

21400 anoles | letter Wilson C The state of the s brille by the state of transcri-

FOR STATE HEALTH DEPT TO DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exacts the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 107 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1)116

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE b. COUNTY	Residence before edmission)					
A								
7 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL en	d give neerest town)					
/	Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	X Glen Burnie	e. IS RESIDENCE					
	Baltimore Annapolis Blvd. Marley Park.							
	3. NAME OF First Middle	Last 4. DATE Month	VES NO T					
	(Type or print) George Wessley Foy	OF DEATH January 27t	h. 196/					
П		. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1						
	M. WIDOWED DIVORCED	12/20/96 lest birthday) Months Months	Days Hours Min.					
	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?					
	Foreman at Gildden Paint Co.	Pennsylvania	USA					
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	?	?						
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If (Yes, no, or unknown) (Ifyesgive werordatesofservice)	NFORMANT Address						
	Yes First World war. 213-07-0768	Mrs. Vera E. Foy (wife)						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	Ind. vera D. roy (wile)	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary Occlusio		Sudden					
	420 1 DUE TO							
			TO SEE SHALL					
	gave rise to Immediate cause							
	(a), steting the underlying DUE TO							
	cause lest. (c)	T DE ATER TO THE TERMINAL DISEASE COUNTY ON CHICAGO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	A KETATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?					
7	3		YES NO					
1	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	inter nature of Injury In Part I or Part II of item 18.)						
		CE OF INJURY (Home, farm, 20f. (City or town) (Cou ory, street, office bldg., etc.)	nly) (Stete)					
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection Y, Inquiry V,	and in my opinion					
	death resulted from: Natural causes 7, Accident , Suice							
		CHIEF MEDICAL EXAMINER	STALL WORLD					
	ACTUAL Tustion Haufership	ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
1	SIGNATURE	M.D. DEPUTY MEDICAL EXAMINER X 1/27/6						
	EXAMINER'S NAME (Type) Gustave H. Faubert M.D.	Address (Street, city, Jown, or county)						
	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)) (Stete)					
	Hamis	at'l Cem. Baltimore , Md.						
	23. FUNERAL DIRECTOR John Blug ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	IGNATURE					
	Hopping and Kirkley Glen Burnie,	Md. DATE FEB 1 '61 Chilma S.	House					
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PTALES TO TELESCO SECURIO SECURIO SE CALLA PER CALLA VALUE DE CALL

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give heerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Annapolis RURAL - Annapolis d. NAME OF HÖSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS n. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 14 Bancroft Ave., Bayridge YES NO X NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH Garfield CAMBLE 19 January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) and Months Hours Male WIDOWED TO DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) England U.S. 1001 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending 16, SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yes, no, or unkown) | (If yas give wer or detas of service) MEKENNA 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) geve rise to immediate cause (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERFORMED? STEDZITH VOIL TENER OF INJURY OCCURED. (Enter Dure of injury in Port or Parall of Ilem 18. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO GAVE OF DEAT (IF EITHER, NOTIFY 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day 20f. (City or town) (County) factory, street, office bldg., atc.) Not While et work at work 21. I certify that (I) (this most attended the deceased from Jan. 18. 19.61 to Jan 21 ..., 1961, that (1) (46) last1961..., and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) Harold R. Bohlman Cathedral St., Annapolis, Md. DATE THEREOF CEMETERY OR CREMATORY (Stata) BURIAL, CREMATION, 23b. P. MATION 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE UNERAL DIRECTOR VR A15 (4) 15M 9/60 DAI N 2 5 '61

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	OR INSTITUTION	AL (If not in hospitol, give				d. STREET ADDR		02X-	1	10	RESIDENCE N A FARM?
1	NAME OF DECEASED (Type or print)	First Marl	2	Middle		Lost Garrett	4. DATE OF DEAT		nth T	Day	Yeor 19 61
5. S	Male	Morro	MARRI	D DIVORCED	LOJ	ATE OF BIRTH	91	9. AGE (In years pointhdoy) yrs.	-	YEAR IF UI Doys Hou	NDER 24 HRS urs Min.
100	o. USUAL OCCUPATION (Give kind of work done du Coachimerhing life, even if retired) 10b. KIND OF BUSINESS OR IN Unknown FATHER'S NAME			INDUSTRY		(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY U.S.A.			
13.		Garrett			1.	Mary Po		11/1/23			
15. (Yes		R IN U. S. ARMED FORCE		SOCIAL SECURITY NO. Unknown	17. INFOR	mant spital R	lecords	Add	ress		
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MEDICAL CERTII	20c. TIME OF INJUR Hour o. m.	S UNDERLYING 20 CAUSE OF DEATH ADDICAL EXAMINER) Y Month, Doy, Year	20d. IN	Not while	0e. PLACE	OF INJURY (Home, street, office bld	e, form, 20f. (C	MALE IN	(Cc	ounty)	(Stote
W	21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	t (1) (this hospital) ed alive an	uh	ed the deceased fi	ram 1/ hat deat	ATTENDING PHYS.	ALWI MED. DIRECTOR	1/1/ m the causes and state Hospi	Janua	ry 3,	22b. DATE 1961
	BURIAL, CREMATIO REMOVAL (Specify)	5-1-61		University ADDRESS	ERY OR CR	md	23d. LOC Bala 1. REC'D BY REG	CATION (City, town,	or county)		Stote)
	7	rtuary	41	an a. m d		DA	TAN G	'61	Laston 8		

TO HOSPITA, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be 2, and by the hospital or attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

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	a. COUNTY	Anne Arundel	MARYLAND	o. STATE Maryla	nd b. COUNTY A	nne Arundel
	b. CITY OR TOWN (IF RURAL and give nec		c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF or RURAL - E	utside carporate limits, write RURA	L and give nearest tawn)
	d. NAME OF HOSPITA	AL (If not in hospital, give street General Hospi	address)	d. STREET ADDRESS Rt-1, Box		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First Raymond	Middle	Lost GASS	4. DATE Month OF DEATH January	Day Year 12 19 61
	5. SEX Male	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH July 31, 189		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
1	100. USUAL OCCUPATION during most of works 13. FATHER'S NAME	N (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	Washington 14. Mother's Maiden N SARAH	, D. C.	12. CITIZEN OF WHAT COUNTRY?
/	1S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IP	Lydia"	m. Gass Address	2
	Canditions, if an gave rise to in cause (a), stating t	nmediate but TO (c)	mehogenie Ce me far	forer -	nal Disease CONDITION GIVEN	PERFORMED?
ノ	OR CONTRIBUTING (IF EITHER, NOTIFY I OR CONTRIBUTING (IF EITHER, NOTIFY I OR CONTRIBUTING (IF EITHER, NOTIFY I OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	Nat while fa	D. (Enter nature of injury in F ACE OF INJURY (Home, form ctary, street, affice bldg., etc.	, 20f. (City or town)	(County) (State)
	21. I certify that	t (I) (this heapited) atten	ded the deceased from 1, 1961, and that o	M.D. PHYS. MEDING MEDIN	M, from the causes and of A.M. STAFF RECTOR STAFF PHYS.	an the date stated above. 22b. DATE SIGNED 1/12/61
	239 SORIAL, CREMATION		23c. NAME OF CEMETERY OF		23d. LOCATION (City, town, or c	
	24 FUNERAL DIRECTOR'S	SIGNLATURE Con Sch	s Chmak	olis Md. DATEAN		AR'S SIGNATURE 2. Knows

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, shartd be filed with TO FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 on the State Board at Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death.

TO HOSPITAS VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	h CITY OF TOWN IN	tside carporate limits, write	c. LENGTH OF STAY IN 11	Margian	4	An Hour	101
	RURAL ond give neare	st town)	C. LENGTH OF STAT IN IT	CITY OK IOWN (IF	outside corporote limits,	write KUKAL ond give i	learest rown)
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165	OR INSTITUTION	11 15 1	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
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/	3. NAME OF DECEASED	First /	Middle 1	last Last	4. DATE	Month	Day Year
to a	(Type or print)	Elwan	<u> </u>	1ddings	DEATH YEL	nuary	6 19 61
de	S. SEX 6.	COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In last birt	years IF UNDER 1 YEA	AR IF UNDER 24 HRS. s Hours Min.
100	Male	White WIDOW	ED DIVORCED	50 day 189	8 62	yrs. Months Day	s Hours Min.
213	10a. USUAL OCCUPATION (during most of working	Give kind of work done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
9	Caretako	-()-() H	J-Mctrath Co	·) England		11.	5. A-
2	13. FATHER'S NAME	1 1-1	~	14. MOTHER'S MAIDEN	NAME		
i .	Char	los 6-14din	95	Serah	Goodman		
±. ×	15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	1.11	Address	4
\$ <0	A La	1, give wor or odies or service)	17-05-9703	Mrs. Lottie E	ddinge	Same A	3#2
, un	18. CAUSE OF DEATH	[Enter only one couse per li	ne for (o), (b), and (c).]	0			TERVAL BETWEEN
. <u>e</u>	PART I. DEATH	WAS CAUSED BY:	to Cention	un Edin		0	NSET AND DEATH
puo	10000	MEDIATE CAUSE (O	a production			-	0
<u>-</u>	Conditions if any	which) (L)	Branki	ton			1 tran
000	gove rise to imm	e di ote	. 1700000	wans			7-
e e	lying couse lost.	under-	ute Telt	buelete			?
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tian	OILY ALL TILL OTHER	need Ha	1 16 0	cla			PERFORMED?
ome 3	20a. ACCIDENT WAS U	NDERLYING T 20b DES	CRIBE HOW NIURY OCCUP	RED. (Enter nature of injury in	Port I or Part II of item	18.)	I I I I I I I I I I I I I I I I I I I
5 84	OR CONTRIBUTING [CAUSE OF DEATH		(4.1.4. 1.			
- Lo	No 20c. TIME OF INJURY		NJURY OCCURRED 20e.	PLACE OF INJURY (Home, for	m. 20f (City or town)	(Count	ty) (State)
Ď D	Hour a.m.	While	Nat while	factory, street, office bldg., et	c.)	(600)	(0.0.0)
- o		or wor		1 1 1 1			
Pg.	21. I certify that (l) (this hospital) attend			, to		that (I) (we) last
후	saw the deceased	alive an / - (<u>£ 1 19 , and tha</u>	death accurred at 2	M. Anom the caus	es and on the da	
Ť	22a. S'GNATURE	nas .00	11.	ATTENDING A	AED STAFF ,		22b. DATE SIGNED
O	22c. PHYSTCIAN'S	in the	uy .	M.D. PHYS.	PHYS.	1.	7.61
odu	NAME (Type)	1 14 (1)	111	22d. ADDRESS	1.00		
<u>ө</u>	prance	14,001	P/-e7	may	welli,	7	
Sto	23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town, or county)	(Stote)
t e	Burial	10 to dan 1961	Medaismile	· Memilork	Howar 1	(o., M	0
1995	24. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	2So. REC	D BY REGISTRAR 25	REGISTRAR'S SIGNAT	URE
	of Voins	tilon	Glen lournie	Md. DATE	AN 1 2 '61	011094	
				9.			

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral directar, should be filed with O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ho may be recommended by the hospital or attending physicion.
O FUNERAL SIRECTOR: After this certificate has been signed by the attending physicion and completely filled in page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 an TO FUNERA

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

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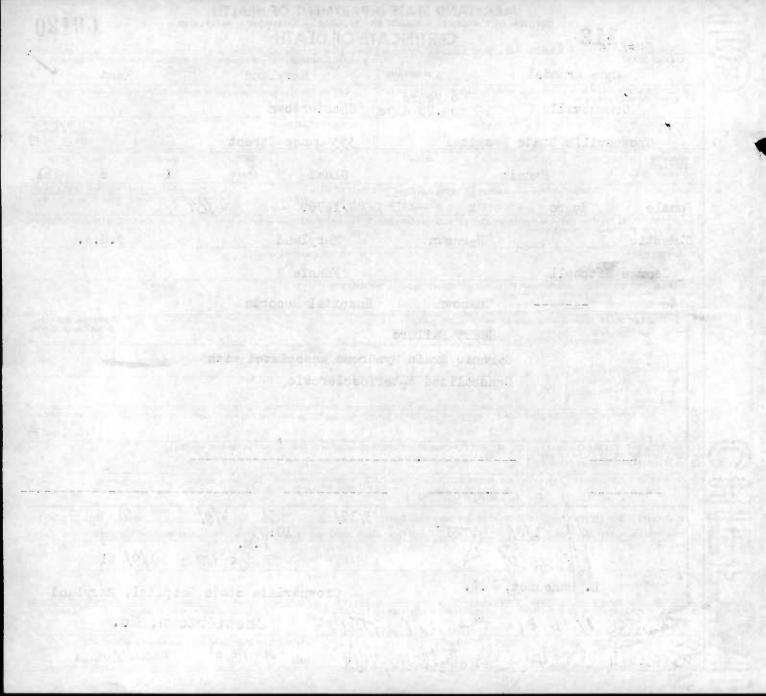
CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Kent b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) mos. 26 days Chestertown Crownswille d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 333 Canon Street YES NO Crownsville State Hospital 4. DATE NAME OF First Middle Manth Yeor DECEASED DEATH 1961 (Type or print) Fannie Gland IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 66 85/? yrs. Months Days Haurs Feb/18767 1896 DIVORCED | Female WIDOWED TH Negro 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) U.S.A. Unknown Maryland Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Mitchell Fannie ? 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Hospital Records No Unknown 1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure **DUE TO** Chronic Brain Syndrome associated with Canditians, if any, which Generalized Arteriosclerosis gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIF) MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20d. INJURY OCCURRED 20f. (City or town) factory, street, affice bldg., etc.) Hour a.m. While _ _ Not while at wark at wark p m 21. I certify that (1) (this haspital) attended the deceased fram. 3/12/ 1961, that (1) (we) last 1954 1901, and that death accurred at 10 105 from the causes and an the date stated above. saw the deceased alivelan 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 1/9/ DIRECTOR A M.D. PHYS | 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Benedict. Crownsville State Hospital, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) BURIAL, CREMATION. (State) REMOVAL (Specify) Chestertown, Md. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. ELIMERAL DIRECTOR'S SIGNATURE JAN 1 6 '61 arthur & Hears

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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the funeral director, should be filed with	M)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be an expension or attending physician.

TO FUNERAZ JIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and it should be filed with the State Board of Health prior to buriol, cremotion, or remayal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

1. PLACE OF DEATH				2. USUAL RESIDENCE	E (Where decease	d lived. If institution	n: Residence 1	befare admission)
a. COUNTY	nne Arunde	1	MARYLAND	a. STATE Mar	yland	b. COUNTY	Anne A	rundek
b. CITY OR TOWN (II RURAL and give ne Annapo		s, write c. LENG	TH OF STAY IN 16	07	N (If outside corpo	prote limits, write RI	JRAL and give	nearest fawn)
OR INSTITUTION (AL (If not in hospital, gi	rival).		d. STREET ADDRE		L		e. IS RESIDENCE ON A FARM? YES NOT
Anne Arund		Hospital			rnside S			
3. NAME OF DECEASED (Type or print)	Fin	R	Middle	GORRELL	4. DATE OF DEATH	Januar		7 Year 19 61
S. SEX	6. COLOR OR RACE	7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UNDER 24 HRS
Female	White	WIDOWED	DIVORCED [March 28,	1896	last birthday) 64 yrs.	Months Do	ys Haurs Min.
	N (Give kind of work of ing life, even if retired)		BUSINESS OR INDU	STRY 11. BIRTHPLACE (cauntry)		N OF WHAT COUNTRY J.S.
13. FATHER'S NAME	. 11			14. MOTHER'S MAIL	1	- 11 5		
ULAF	NLAK	KING	-	Louis	AU	AMES		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give war or dates of se		ECURITY NO. 17. II	FIRA L	. GORI	RELL #	42	
1B. CAUSE OF DEA	TH [Enter anly one co	use per line far (a),	(b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY:	Corn	nary thro	mbosis				1 h
410	DUE TO	Corn	mary thro	IIDOS1S	1123110			2 nr
Candidan								
Canditians, if or	nmediate							
cause (a), stating	the under- DUE TO							
Z PART II. OTH) (c)	DITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTH	es mellitu	s. hil	ateral ne	ohroš¢thiaš	1 4			YES NO
200. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO		D. (Enter noture of inju		rt II of item 1B.)		
20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Yea	While Nat	CCURRED 20e. Pl	ACE OF INJURY (Hame ctory, street, affice bldg	, farm, 20f. (Cit	y ar tawn)	(Cau	inty) (State
	t (I) (this haspited	\ attended the	deserved from	Max	10 57 10	Ian 2	1067	, that (I) (७€) las
	-							
220. SIGNATURE	ed alive an Ja	الاول_ملك	O.L., and that	death accurred at		the causes an	d an the d	date stated above
220. SIGNATURE	1. 18	wasu	ch	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNE
22c. PHYSICIAN'S NAME (Type)	Samuel Bo	rssuck		22d. ADDRESS	-4-3	rd., Anna	nolis.	Md.
23a. BURIAL, CREMATIO	N, 23b. DATE THEREO	0F 23c. NA	AME OF CEMETERY O			TION (City, tawn,		(State)
BURIAL	1-5-14		LLCRES	T MEM.	An	NAPO	413	MD
JOHN M.T.	SIGNATURE AYLOR SOL	US ANN	APOLIS	MD DAT	REC'D BY REGIS	JRAR 2Sb. REGI	STRAR'S SIGH	ATURE
JOHN M.T.	AYLOR SOI	US ANN.	APOLIS	D DAT	NAMO			

eichte de eine fried in eine feite feit eine . The Millian Co. Was award to I ACRAEL CONTRACTOR STREET ALL SACRE

FOR STATE HEALTH DEPT. al director. Page for your files. TO DEP. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is replease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transitypermit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any elect within 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in any

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 114 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00129

1.	PLACE OF DEATH a. COUNTY		2. USUAL RESID	ENCE (Where dec	caesed livad, If i			before	
	Anne Arundel	MARYLAND	Same	Se	IME	11			
	b. CITY OR TOWN (if outside corporeta limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	The Application	'N (If outside corpo		RURAL and	give nea	rest to	wn)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	2 years	d. STREET ADDRE	ESS			T		RESIDENCI
	Old mill Ed		Jame						NO TO
3.	NAME OF First DECEASED	Middla 🦿	Last	4. DATE	Month		Day	Yas	ar
	(Type or print) Agron Sylvester Gre	een		OF DEATH	Jan.22	/61		19	
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 Y			R 24 HRS.
	C WIDOWED	DIVORCED	8/20/54		yrs.	Months D	ays I	Hours	Min.
10		ND OF BUSINESS OR INDUSTRY		tete or foreign cour		12. CITIZ	EN OF V	WHAT	COUNTRY
de	rine during most of working life, even if ratired) Pupil		Pasaden			US/			
13	FATHER'S NAME		14. MOTHER'S MAID	EN NAME					
	Ernest Green		Dolores	Parker					
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Ses, no, or unknown) (Ifyasgive war or datas of sarvica)	OCIAL SECURITY NO. 17, 11	NFORMANT		Address				
1	37	one Pa	arents.						gle-
	1B. CAUSE OF DEATH [Enter only one cause par lin						INTER	VAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY:	focation by sme	oke					dder	DEATH
3	9 16 DUE TO	LOCALLON LY SIN	0.70		EFILE		Du	uei	4
	Conditions, if any, which (b)								
	gave rise to immadieta ceusa								-
	(e), stating the underlying couse last. (c)								
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	T RELATED TO THE TER	RMINAL DISEASE C	ONDITION GIVE	N IN PART 1	(e) 19. YES	PERFO	AUTOPSY ORMED?
CERTIFI	20e, EXTERNAL CAUSE WAS PRIMARY To r CONTRIBUTING CAUSE OF DEATH.	BE HOW INJURY OCCURED. (Er	ntar neture of injury in	Pert I or Pert II of i	item 1B.)				
	uas ti	rapped in secon	nd floor	of his ho	ome Whic			low	
AEDICAL	Hour a.m. While		ry, street, office bldg.,		or town)	(Count	γ)		(State)
X	11.34 p.m. 1/22/6] 19 et work	et work Home		Pasa	idena	Δ.	A.		lid.
19.	21. I certify that I took charge of the rema	ains described ebove, hel	d an Autopsy	, Inspection	y, Inquir	/ 3.	and in	my c	opinion
-	death resulted from: Natural causes,	Accident Suicid	de, Homicia	de 🔲, Und	etermined ma	enner 🗌			
	1 1 21/2		CHIEF MEDIC	AL EXAMINER					
1	SIGNATURE LUCION INTA	wheath "	M.D.	MEDICAL EXAMINE		1/23/6		TE SIG	ENED
	EXAMINER'S NAME (Type)			CAL EXAMINER	_	1/25/0) <u>.L</u>		
22		22c. NAME OF CEMETERY OR		et, city, town, or co	ON (City, town,	or country)		(Ste	ta)
	Burial 1-27-61	Mt. Zion Chur			ly, A. A		Md.		7
23	. FUNERAL DIRECTOR	ADDRESS	24e.	REC'D BY REGISTRA					
Is:	aiah L. Brown, Baltimore,	30, Md.	DATE	JAN 27'61	an	Thur S. 1	Traces.		

THE RESERVE OF THE PARTY OF THE TO DESCRIPTION OF THE PROPERTY OF THE PROPERTY

FOR STATE HEALTH DEPT. lay is necessary, I for your files. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with an PM3. Page 5 may be retained or FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. He pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any live 1, within 72 hours after death. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any 4 should be forwarded to the Chief Medical Examiner's Office along with TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transif permit or its designated agent, prior to burial, cremation, or removal, and it among or its designated agent, prior to burial, cremation, or removal, and

TO DEPU

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH 6. COUNTY		2. USUAL RESIDEN	CE (Where da			nca before e	dmission)
	MARYLAND	a. STATE Same		b. COUN	Same		
	OF STAY IN 16	c. CITY OR TOWN (I	f outside corp	orete limits, write		neerest tow	n)
Pasadena la ye	ar	Same					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street	et address)	d. STREET ADDRESS					SIDENCE A FARM?
Clamill Rd. 3. NAME OF First Michael Company of the Company of th	ddle +	Last	4. DATE	Month	Day	- Lucid	- Land
DECEASED (Type or print)	ddie	Lasi	OF DEATH			Yeer 19	
	AARRIED [3] B.	DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YEAR	IF UNDER	24 HRS.
	ORCED .	4/15/28		lest birthdey)	Months Deys	Hours	Min.
done during most of working life, even if retired) Laborer	ESS OR INDUSTR	Pasadena.	168.	intry)	12. CITIZEN C	OF WHAT C	OUNTRY?
13. FATREW CNAMET Lrnost Groen		14. MOTHER'S MAIDEN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUL	RITY NO. 17. I	NFORMANT est Green (b	tother	Address			
1 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b),	end (c).				1 IN	TERVAL BET	WEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Suffocati		oke				SET AND D	DEATH
916. O DUE TO							
Conditions, if any, which (b)							
gave rise to immediate ceuse (a), stating the underlying DUE TO							
causa lest. (c)							
	DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(e)		NO A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20e. EXTERNAL CAUSE WAS PRIMARY Cor CONTRIBUTING COURSE OF DEATH. Was trapped				item 18.) house th	hat hur	ned do	own.
ZDc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCU	RRED 20e. PLA	CE OF INJURY (Homa, ferm	, ! 2Df. (City		(County)		(State)
ZDc. TIME OF INJURY Month, Dey, Yeer 2Dd, INJURY OCCU Hour a.m. 1 3/, p.m. 1/22/61 19 While at work at work	-	ory, street, office bldg., etc.		sadena	, 1d.		
21. I certify that I took charge of the remains describ	oed above, he	ld an Autopsy	Inspection	[], Inquir	y X, and	in my o	pinion
death resulted from: Natural causes, Acciden	t 🔣, Suici			determined m	anner		
ACTUAL Custage 18 Painted	1	CHIEF MEDICAL I		ER 🗍	1	DATE SIG	NED
EXAMINER'S		DEPUTY MEDICAL	L EXAMINER	1/2	3/61		
NAME (Typa)	OF CEMETERY OR	Addrass (Streat, o					
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME C	OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town	, or country)	(Stet	0)
Burial I-27-6I Mt Zi	ion Chu		Magot		A.Co.	Ма	
23. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	timous 2				Istrar's signat		
1000		1					- 147

TENTO WHALL BO GLADIE THE THEM AND LABOUR AL the area and a property of the state of the

FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 30 the standard to the Chief Medical Examinar's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permix files pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death 9 × lay is MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any TO DEP

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 116 00085

1. PLACE OF DEATH o. COUNTY nne Arundel	MARYLAND	a. STATE	ESIDENCE (Whare	Same	institution: Reside NTY	nce before a	dmission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. city of	TOWN (If outside co	orporate limits, writ	te RURAL end give	neerest tow	n)
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spitel, give street eddress)	d. STREET	ADDRESS		17/1		ESIDENCE
Oldmill Rd.		I S	ame				A FARM?
3. NAME OF First	Middle	Last	4. DATI	E Mont	h Day		
(Type or print) Darnell Avery			OF DEA:	гн 1/22/6	1	19	
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In yaers last birthdey)	IF UNDER 1 YEAR	Hours	24 HRS.
M C WIDOW	ED DIVORCED	3/28/60		yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS		imore City	country)	12. CITIZEN		OUNTRY
13. FATHER'S NAME			MAIDEN NAME		1		
Ernest Green		Dolo	res Parker				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.		res larver	Address	•		
(Yes, no, or unkown) (If yes give war or detes of service)		The Par	- n + a	7100103	2.29		
18. CAUSE OF DEATH [Enter only one cause per	None	THE LAT.	enus		1.16	TEDIVAL OFT	h./ersi
ALBERT SELENTING CALLERS AV	ffocation by s	moke				nset and e Sudde	DEATH
Conditions, if any, which gave rise to immediate ceuse (a), steting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CO	NITBIRLITING TO DEATH RUT	OT BELATED TO	HE TEDANINAL DISEAS	SE CONDITION OF	VEN IN PART (A)	10. WAS A	
ica ii					VEN IN PART I(e)	PERFO	RMED?
1.18.00	ed in second f				troyed by	y fire	,
Hour e.m. Whil	INJURY OCCURRED 20e. Ple Not While fa	ACE OF INJURY (I ctory, street, office	bldg., atc.)	lity or town)	(County)		(State)
21. I certify that I took charge of the ren	nains described above, h	neld an Autops				in my o	
death resulted from: Natural causes				Indetermined n	P		
		CHIEF	MEDICAL EXAMINER				
ACTUAL SIGNATURE SUCCESSION & STATE	headell	M.D.	ANT MEDICAL EXAM	- I-mail		DATE SIG	NED
EXAMINER'S NAME (Type) Gustave H. F.	auhent M D		MEDICAL EXAMINED S (Street, city, town,		1/23/61		
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY			ATION (City, town	or country)	(State	e)
REMOVAL (Specify) 1-27-61	Mt. Zion Chu	rch Cem.	Mago	thy, A. A	E. Co., M	ld.	
23. FUNERAL DIRECTOR	ADDRESS		24a. REC'D BY REGI				
Isaiah L. Brown, Baltin	nore 30, Md.		DATEJAN 2 7 '6	61 a	Thur S. Kra	us	
1099200115							

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MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

EXAMINED'S CEPTIEICATE OF DEATH

1	111			CERTITION	11 01	DEATH		-6.1		
PLACE OF DEAT	H			2. USUAL RESIDEN	CE (Where de			Resider	ce before	edmission)
	7 7		MARYLAND	e. STATE		b. COUN	Sar	m _O		
b. CITY OR TOWN	rundel	5,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corp	orete limits, write			neerest toy	wn)
Write KURAL en	d give neerest town)		0.3	11						,
Pasad			Zi years	Same						
d. NAME OF HOSP	ITAL OR INSTITUTION (ii	not in hos	pitel, give street eddress)	d. STREET ADDRESS						A FARM?
Oldmil	1 T.d.			/ Same	9				YES [NO W
3. NAME OF DECEASED	First	- 1	Middle	Last	4. DATE	Month	1	Dey	Yes	or T
(Type or print)	Jeweline C	mthi	o Groon		DEATH	7/20/6	7		19	
5. SEX	6. COLOR OR RACE	7 MARRIE		B. DATE OF BIRTH	19	, AGE (In yeers	IF UNDER	1 YEAR	-	R 24 HRS.
Tip .				0/07/44		last birthdey)	Months	Deys	Hours	Min.
10a LISTIAL OCCUPA	TION (Give kind of work	WIDOWE	D DIVORCED	8/21/55		5 yrs.	110.0	ITITENI C	FILMIAT	COLDITA
	orking life, even if retired		IND OF BUSINESS OK INDUST			intry)			PF WHAT	COUNTRY?
lone				Pasadena	Md.			USA		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			W.		
Ernest	Green			Dolores F	arker					
	VER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.			Address				
(Yes, no, or unkown)	If yes give we rordetes of se	rvice)	None	The Tarents.						
1 18 CAUSE OF	DEATH [Enter only one	cause per l		rile rareiros.				1 101	TERVAL BE	TWEEN
	TH WAS CAUSED BY:							10	SET AND	DEATH
011	IMMEDIATE CAUSE (e)_	Suf	focation by s	noke				S	udden	
716	DUE TO							N.		
Conditions, if en	y, which) (b)									
geve rise to immed	P DIE TO						-			
(e), steting the couse lest.	underlying									
	(c)_	IONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAI DISFASE	CONDITION GIV	EN IN DAI	DT 1(e)	IO WAS	ALITOPSY
PART II. OTHE	A SIGNATURAL CONTRA	10110 001		OT RESTREE TO THE TERM	TATE PIOETIOE	CONDITION OF	EIN IIN FAI	v1 1/0)		ORMED?
5									YES	NO T
20e. EXTERNAL C		b. DESCR	IBE HOW INJURY OCCURED.	(Enter nature of Injury in Pe	rt I or Pert II of	item 18.)				
		Mag +	in sec	ond floor of	home wh	nich bur	nes o	down		
3 20c. TIME OF INJ	URY Month, Dey, Yea	20d.	INJURY OCCURRED 200. PL			or town)	(Co	unty)		(Stete)
20c. TIME OF INJ	1/22/61 19	While		ctory, street, office bldg., etc OMC	Pasade	ana A	. A.	Ma	rylan	5
							-		0	
ED CONTRACTOR			nains described above, h		Inspection		Final	and	in my c	pinion
death resulted	from: Natural car	uses ,	Accident X, Sui	cide, Homicide	, Un	determined m	anner			
	1		1 1 1 1	CHIEF MEDICAL	EXAMINER _					
ACTUAL SIGNATURE	1 , elical	18-1	Nauhen M.	ASSISTANT MED	ICAL EXAMIN	ER		I	ATE SIG	NED
				DEPUTY MEDICA	L EXAMINER T	7/	23/6:	7		
EXAMINER'S NAME (Type)	Gustave H.	Forth	ont I'D	Address (Street,		- '	, ,			
22e. BURIAL, CREMATI	ON, 22b. DATE THEREC	Faub	22c. NAME OF CEMETERY C			ION (City, town	or countr	y)	(Ste	te)
REMOVAL (Specify	1-27-61		Mt. Zion C	nurch Cem.		hy, A.A.	_	25 4		
			ADDRESS			RAR I 24b. REG				
23. FUNERAL DIRECTO		215				1			377	
Isalah	L. Prown, E	altim	ore 30, Md.	DATE	JAN 27'	61 (Irthur	8. 16	Classed	

VS. A1SME 5M 7/59 THE ART HE STADISH AND THE ART THE RESERVE AND THE PROPERTY OF The transfer of the same

FOR STATE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any 2019 is necessary, cute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the self-restor. Page as forwarded to the Chief Medical Examiner's Office along with from PM3. Page 5 may be retained for your files. ALL DIRECTOR: Page 3 should be used as a buriel-transit pendil. File pages 1 and 2 with the State Board of Health, gnated agent, prior to buriel, cremation, or removal, and in any eyent within 72 hours after death.

please exacts the certificate, writing the word "pending" in pencil in Item 18.

4 should be forwarded to the Chief Medical Examiner's Office along with TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit pendit.

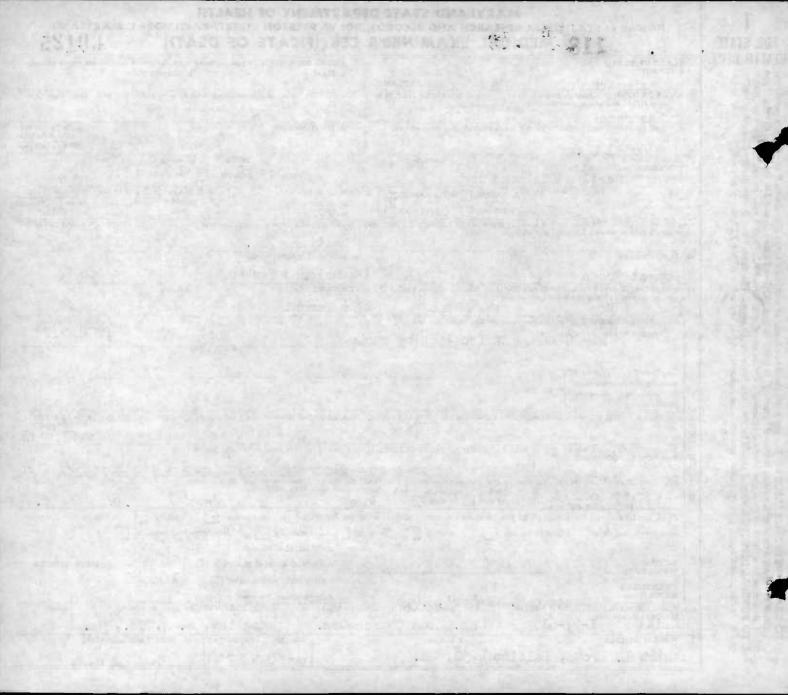
or its designated agent, prior to burial, cremation, or removal, and in any expensions.

TO DEP

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 118

		. COUNTY	a. STATE	CT (AA USILA	b. COUN		sidenc	a patole a	dmission/	
Н		Anne Arundel MARYLAND	Same Same							
		b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		Pasadena Life	Same							
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS						e. IS RESIDENCE ON A FARM?		
		- Oldmill Rd	Same					YES T	NO T	
	3.	NAME OF First Middle	Last	Month	Month D		Year			
	DECEASED (Type or print) Marilyn Allison Green OF DEATH 1/22/61					61	19			
-	5.		DATE OF BIRTH 9. AGE (In years IF UNDER							
		C WIDOWED DIVORCED	10/3/58		last birthday)	Months D	ays	Hours	Min.	
	10e	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR'	1 - 1 -	or foreign a	∠ yrs.	12 CITIZ	EN OF	WHATC	OLINITOVA	
	do	ne during most of working lifa, even if retired)					CITIZEN OF WHAT COUNTRY?			
	40	None	, , , , , , , , , , , , , , , , , , , ,					SA		
	13.	13. FATHER'S NAME								
		Irnest Green Dolores Parker								
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordatesofservice)									
	110	None The Parents								
		18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c).]								
		PART I. DEATH WAS CAUSED BY: Suffocation by smoke					Sudden			
	Н	ON 16 ODUE TO								
	и									
	Y	Conditions, if any, which geve rise to immediate ceuse (b)								
		(a), stating the underlying DUE TO								
		Cause lest, (c)								
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORM								
	S						Y	ES .	NO 🔝	
	RTIF	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	ntar nature of injury in Par	rt I or Pert II	of Item 18.)					
		Was trapped on second floor of home which was dest.						3 by	fire	
1	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (S							State)	
2	MED	Hour a.m. While Not While Fasadena A.A. Md.								
	Ġ	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion								
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner								
		CHIEF MEDICAL EXAMINER								
		SIGNATURE SIGNAL ACTUAL M.D. ASSISTANT MEDICAL EXAMINER [] DATE SIGNED								
	000	EXAMINER'S NEW YORK TO THE PROPERTY OF THE PRO								
	220	NAME (Type) Clustone II Porbort M D Address (Street, city, fown, or county) 28. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)								
		REMOVAL (Spacify)								
				-						
		FUNERAL DIRECTOR ADDRESS	10.28		TRAR 246. REG	ISTRAR'S SIG	INATU	RE		
		Isaiah L. Brown, Baltimore 30, Md. DATE JAN 27'61 Outling & Kraffel								
-										



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 119 IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		PLACE OF DEATH O. COUNTY AND ARYLAND 2 MARYLAND 2	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY a. A. Co
	b	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	PASADENA
	C	d. NAME OF HOSPITAL (If not in haspital, give street address) OR MSTITUTION SAMSJUE BEACH Ref	BOYSIDE BEAKER RD 6. IS RESIDENCE ON A FARM? YES NOW
		NAME OF DECEASED (Type or print) ROBERT RIGIDAL GO	Last 4. DATE Manth Day Year OF DEATH / D 196/
	S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. [10 CE WIDOWED DIVORCED]	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. Min.
	6	a. USUAL OCCUPATION (Give kind af wark dane during mast af working life, even if relired)	A.A.Co.MD YISA.
	13.	RICHORD GREEN	14. MOTHER'S MAIDEN NAME
	1S. (Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. NFO	NIE GREEN PASADENA MD
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under-	nonary edema interval between onser and beath of Cardiovasiular disease 5 years
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO WARE	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	I	20a. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL		E OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) ry, street, office bldg., etc.)
		21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an first form of the deceased signature. 22a SIGNATURE M.E. M.E. M.E. M.E. M.E. M.E. M.E. M.	ath accurred at 21.M, from the causes and an the date stated abave. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. D
		22c. PHYSICIAN'S NAME (Type) R.M. Michaughlun	3708 Mountain Rd. Pasadena, Met
	230	O BORIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF C	CREMATORY 23d LOCATION (City, town, or county) (State)
1	17	Pars Sur Phags (38) Gilmon Sc	250. REC'D BY REGISTEAR 25b. DEGISTRAR'S SIGNATURE

find himme PRINCERA 12500606 Baysise Ecocoe Rg PARIOE PERION Pop MARSO TOLERT Mace Glass P.A.Co. M.D GEN LEBORER RICHARD GREEFU E1130 Annie Geren Pasadena MD Course 1/4/61 Tex Borns matrily pole March of the of 181 ghad So

FOR STATE HEALTH DEPT.

TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any "lay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the standard of the Chief Medical Examiner's Office along with form PM3_Page 5 may be retain. For your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 120 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00199

		UUJA
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution: R	
Anne Arundel MARYLAND	a. STATE b. COUNTY Same	
b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
writa RURAL and give nearest town)	X	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
d. HAME OF HOSTIAL OK INSTITUTION (II NOT IN HOSPITAL, give sitest address)	d. SIKEET ADDRESS	ON A FARM?
///orig Oldmill Fd.	Same	YES NO-
3. NAME OF . First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Winnifred Dolores Green	7.7	19
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
F C WIDOWED DIVORCED		Days Hours Min.
	Y 11. BIRTHPLACE (State or foreign country) 12, CITI	ZEN OF WHAT COUNTRY?
dona during most of working life, even if retirad)		ZEN OF WHAT COUNTRY
None	Baltimorelid. UJ.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Irnest Green	Dolores Farker	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (Ifyesgivawarordalasofservica)	INFORMANT Address	
10 None	The Parents	
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]		I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Suffocation by ST	noke	ONSET AND DEATH
IMMEDIATE CAUSE (a) SULTOGE GEOTT DY SE	iono.	Dancell
DUE TO		THE RESERVE
Conditions, if any, which (b)		
gava rise to immadiata cause DUE TO		
cause last. (c)		STATE OF THE PARTY.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
ATA TANK		YES NO K
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Da. EXTERNAL CAUSE WAS PRIMARY CF OF CONTRIBUTING DO CAUSE OF DEATH.	Enter nature of Injury in Part I or Part II of item 18.)	110 [] 110 [2]
PRIMARY C or CONTRIBUTING CAUSE OF DEATH.		
ling transport an accor	nd floor of homewhich was destro	
	fory, street, office bldg., etc.)	ity) (Stata)
	Pasadena A A	144
21. I certify that I took charge of the remains described above, he	ald an Autopsy . Inspection . Inquiry ,	and in my opinion
death resulted from: Natural causes , Accident , Suic	ide . Homicide . Undetermined manner	
	CHIEF MEDICAL EXAMINER	The state of the s
ACTUAL Gerstone He auchidel	ASSISTANT MEDICAL EVAMINED	DATE SIGNED
SIGNATURE	M.D 7/02//1	27112 D101412
EXAMINER'S		
NAME (Type) Gustavo H. Foubert II D 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Addrass (Street, city, town, or county) R CREMATORY 22d, LOCATION (City, town, or country)	(State)
REMOVAL (Specify)		
Burial 1-27-61 Mt. Zion Churc		
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE
Isaiah L. Brown, Baltimore 30, Md.	DATE JAN 27'61 arthur 8.	Krais 3
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certifi	d p	Exan	pe use	nation,	
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EDIC	the ce	Ward	DIRE	d age	
M	scute	00	RAL	ignate	
EPL	X8 85	pinor	ONE	is des	
TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any day is necessary, A	plea	4 5	TOF	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	1

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
10128

1.	PLACE OF DEATH a. COUNTY			CE (Whare deceased lived, If		dance before admi	ission)
1	Anne Arundel	MARYLAND	a. STATE Same	b. COUN	ITY Clama		
1	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		If outside corporate limits, write	RURAL and g	ive nearest town)	
V	writa RURAL and give naarast town)	01	Va				
1_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	25 years	d. STREET ADDRESS			e. IS RESID	ENICE
		onal, give sireel address)	d. STREET ADDRESS			ON A FA	
1	Oldmill Rd.		Same			YES NO	0 1
3.	NAME OF First	Middle	Last	4. DATE Month		Day Year	11 10
	(Type or print) Yvette Ernestine Gr	een		DEATH 1/22/	/61	19	
5.	SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years last birthday)			
	F C WIDOWE	DIVORCED	8/21/56	4 yrs.	Months Day	ys Hours N	Min.
	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if ratirad)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZE	N OF WHAT COU	NTRY?
"	None		Pasadena	Md	USA		
13	. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1 000		
	Ernest Green		Dolores la	mlson			
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO 1 17 T		Address			
	es, no, or unkown) (Ifyesgivawarordatesofservice)			Addiosa			
-	NP NP		e Parents.				
1	18. CAUSE OF DEATH Enter only one cause par in	na for (a), (b), and (c).]			100	ONSET AND DEA	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) S111	focation by sm	nolte			Sudden	
	DUE TO						
	6 60						
	gave risa to immediata cause			ALTERNATION OF THE REAL PROPERTY.			
	(a), stating the underlying DUE TO						
	cause last, (c)						
O	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a	PERFORMI	
18						YES NO	
CERTIFICATION		BE HOW INJURY OCCURED. (E	ntar nature of injury in Par	t I or Part II of item 18.)	12 00		
18	PRIMARY OF CONTRIBUTING	tranned as and	and floor of	home which wa	an don't	normal her	03
1		NJURY OCCURRED 200, PLA			(County		te)
MEDICAL			ory, streat, office bldg., atc		A	712	
X		at work T Hon			. A.	MG.	
	21. I certify that I took charge of the rem	ains described above, he	ld an Autopsy,	Inspection Inquir	у 🛴 , а	and in my opin	ion
	death resulted from: Natural causes,	Accident Suic	ide, Homicide	Undetermined m	anner		
			CHIEF MEDICAL	EXAMINER [
	ACTUAL Sustan 16 F.a.	1. Jul	ASSISTANT MED	ICAL EXAMINER		DATE SIGNE	D
	SIGNATURE	- warry	M.D. ASSISTANT MED	7 7 /00	/61		
	EXAMINER'S NAME (Typa) Caretage II Tember	A NOT TO		_			
22		22c. NAME OF CEMETERY OF	CREMATORY	city, town, or county) 22d. LOCATION (City, town,	or country)	(State)	
1	REMOVAL (Specify)						
-	the state of the s	Mt. Zion Churc		Magothy, A. A.			
2.	3. FUNERAL DIRECTOR	ADDRESS	24a. REC	'D BY REGISTRAR 24b. REG	ISTRAR'S SIGN	IATURE	
	Isaiah L. Brown, Baltimor	e 30, Md.	DATEAN	27161 21.7	lun & Ha		
-	, , , , , , , , , , , , , , , , , , , ,		UALI	- CAU	W. 7/A	and a	-

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CERTIFICATE OF DEATH

00129

		AL RO SO			CERTIFICA		OI DEAII	*		Reg. D	ist. No),	
1. P	LACE OF DEATH					2.	USUAL RESIDENCE (Wh	ere decease			ence befo	ore admiss	ion)
	ANNA ARUN	DET.			MARYLAND		MARYLAND		b. COUNTY		E AR	UNDEI	
	. CITY OR TOWN (I	f outside corporate limi	s, write	c. LENGT	H OF STAY IN 16	1	c. CITY OR TOWN (If o	utside corpo	orate limits, write l	RURAL ond	give ne	earest town	1)
	RURAL ond give no	eorest town)				16	ANNA POLIS,	MARY	LAND				
	ANNAPOLTS	'AL (If not in hospital, g	ive street	address)		1	d. STREET ADDRESS					e. IS RES	IDENCE
	OR INSTITUTION USNH. ANN.	APOLIS. MAR	YT.AN	ID		1	635 CHASE	AVENU	E				FARM?
	IAME OF	Fir		12	Middle	11	Lost	4. DATE	Мо	- 16-			Year
	ECEASED			()		חמי	rost	OF DEATH		VUARY		-	19 61
	Type or print)	Fred		(n)	HAMERBE		ATE OF BIRTH	Jean	9. AGE (In years			R IF UNDE	
5. S	EX	6. COLOR OR RACE				8. D			last birthday)	Months	Days	Hours	Min.
	MALE	WHITE	WIDOW		DIVORCED [11-3-98		62 yrs.				
10a.	USUAL OCCUPATION during most of work	ON (Give kind of work of king life, even if retired	done 10b	. KIND OF 8	SUSINESS OR INDU	ISTRY	11. BIRTHPLACE (Stote	or foreign c	country)	12. C	ITIZEN (COUNTRY
	USN (Re	tired)					SW	EDEN				USA	
13. 1	ATHER'S NAME					14	I. MOTHER'S MAIDEN N	NAME					
	Peter HAM	MERRERG					Not Kno	wn					
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SE	CURITY NO. 17.	INFO	RMANT Elizabe	th H.	Hammer 19	ress or			
(Yes.	ALCOHOL:	WW I and	T T		(W)) 6	35 Chase Av	re. A	nnapolis	Mar	ylar	nd	
-	Ves	ATH [Enter only one co	use per	line for (a) ((b) and (c)]							TERVAL BE	TWEEN
		TH WAS CAUSED BY:				•	Functional				ON	ISET AND	DEATH
	hope)	IMMEDIATE CAUSE (c) 00	arulac	DISOLGE	- >	I directional				-		
	133	DUE TO											
8	Conditions, if o)					1100					
	gove rise to i cottse (o), stoting												
	lying couse lost.) (0)										
NO	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUT	ING TO DEATH BU	T NO	RELATED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(0)	19. WAS	AUTOPSY RMED?
CERTIFICATION													NO 🗌
Ē	20a. ACCIDENT WA	AS UNDERLYING	20b. DE	SCRIBE HOW	V INJURY OCCURR	ED. (E	nter noture of injury in	Port I or Po	rt II of item 18.)			-	
CER	OR CONTRIBUTING	MEDICAL EXAMINER											
	20c. TIME OF INJUR	RY Month, Doy, Ye	or 20d	INJURY OCC	TURRED 20e. P	LACE	OF INJURY (Home, form	20f. (Cit	y or town)	100	(County	1	(Stole)
MEDICAL	Hour o.m.	19	While	Not v	while fo	octory	, street, office bldg., etc	.)			,,,,,		(0.007)
¥	р. т.	ly .	of wo	ork O of wo		1				-			
	21. I certify th	nat I attended the	deced	sed from.	12-25	-60) , 19, to	1-3	, 19_0	±,that	last s	saw the	decease
	alive on	1-3-61	19	 ,	and that deat	h oc	curred at 11:30	DAM, fro	m the causes	and on	the de	ate state	ed abav
		VV	(6	< '	1			ADDRESS (S	Street, city or town	, state)		D	ATE SIGNE
9	ACTUAL SIGNATURE	Ny ha	100	Luse		M.D.							
	JIONATURE					_ //	/ /						
	PHYSICIAN'S NAME (Type)	Sylvan (n)	BUS	CH									
220	BURIAL, CREMATIC				ME OF CEMETERY	- C	EMATORY	224 100	ATION (City, town,	Or county		(Stot	201
1	REMOVAL (Specify)		161	173	THE OF CEMETERY	0	T	1/	and the	all.		0	IA
V	Miruel Dieser		41	un	necepous	16	monal	D DY STON	TOAR OUT STO	ISTRAR'S	IGNATI	IDE	TEX
23.	FUNERAL DIRECTOR	SIGNATURE	,/	ADD	RESS		1.11	D BY REGIS		TARLUT			
	Jones	not qu	yro	5 >0m	recong	real	LO MOLDATE	MIE		- I MAZ-MIT	A. 10	ralls	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 y the funeral director, 2 should be filed with may be a need by the hospital or ottending physician.

O FUNER DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 the registror prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

may be VS A1S (4) 1SM 9/SS

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	ATE OF DEATH	CERTIFICA		
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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

123 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00130 Reg. Dist. No. PLACE OF DEATH 2-USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND

S. oge		•	MARYLAND OF THE MUST AND B. COUNTY (1, C)
Poge files.	M)	1	CTY OR TOWN (If outside corporate limits, while RURAL and give nearest town)
sector your		6	majous anapolis 10
dire	163	9	MAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS ON A FARM?
eral s		1	Ni Mikleneral Hophilal 105/1/Velat AV. 1 YES NO 1
fun fun fun Ste			NAME OF CONTROL Middle Lost 4. DATE Month Doy Year
any of the rather the the rather of the rath	T	5. 5	Type or print) Welyn Harm DEATH 3 1961
If a start	(1)	3. 3	Months Doys Hours Min.
ih.		160	USUAL DECUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTY-LACE (Sigle op-foreign country) 12. CITIZEN OF WHAT COUNTRY?
dec 2. coge ond		d	uring most of working life from if relited)
of the Park		13.	FATHER'S NAME , 14. MOTHER'S MAIDEN NAME >
PM3.			John, Boud Covert I man mo Fudden.
ve P			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
1 5 G	5	(Yes	11 yes, give war or dates of service) and Harris 50 Mil 4 4 1. C. M. a
18. 18.			18. CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (c).]
Pon len	Š		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Lindley Lindley
in in ce			434 YOUE TO
official of the state of the st			Conditions, If ony, which (b)
n pers			gave rise to immediate cause (o), stating the underlying DUE TO
B. S. C.	Ė	_	couse lost. (c)
pendin of Exo		CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOW
d be	0	RTIFR	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
wor F M		I CE	CAUSE OF DEATH.
the the sha		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a, m. (County)
The See		ME	p. m. 19 of work of work
Po Po			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . ond in my
TOR	n		opinion death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined monner
7.2 00			ACTUAL CHIEF MEDICAL EVANINES TO DATE SIGNED
MEDIC forw I DIRE	d		SIGNATURE M.D. CHIEF MEDICAL EXAMINER C
700			EXAMINER'S F. LINGER OF. DEPUTY MEDICAL EXAMINER OF 1-3-61
xecute should FUNER		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lowe, or county)
O See O		1	SUMARL 1-8-1961 Dine Lanon Begante Marino
Pr. Pr.	do	物	FUNERAL DIREGION'S SIGNATURE ADDRESS ADDRESS 246. REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE
VS. A15ME 5M 2/57	1	1	Villiam Reesett (MACOMX DATE IAN Q 161) William & Trans

THE REPORT OF THE PROPERTY OF THE PARTY OF T The street of the contract of the contract of the street o MARYLAND STATE DEPARTMENT OF HEALTH

	DIVI	sion of statistic 203		CERTIFICA	S, 301 W. PRESTON	STREET, BALTIMO	CO206
	NAME OF DECE ype or Print)	Elsie N.	Butler		and the state of t	2. DATE OF DEA	7.1961
3.	FULL NAME OF	IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR OCATIONITY	Carero	led	4. USUAL RESIDENCE (Whe	ere deceosed fired. If institut B. COUNTY	ion: roordence before admission)
	HOSPITAL OR	721 Register	rock.		c. CITY OR TOWN Baltimore	X	mits, write RURAL and give lownship
	X				D. STREET ADDRESS 721 Register		I, give location)
	sex emale Wh	6. COLOR OR RACE		MARRIED, D, DIVORCED (Specify) ried	8. DATE OF BIRTH Jan.14,1899	9. AGE (In years lost birthdoy) 61	H Under 1 Year If Under 24 Hours Months Days Hours Min.
10 wo	O.A USUAL OC	CUPATION (Give kind of mast of working life, even Sewife	1Ds. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Va.	reign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S NAM	?			14. MOTHER'S MAIDEN NA	ME ?	
	Was Deceased I	Ever in U. S. Armed Forces? (If yes, give wor or dotes	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	no			George W. But	ler 721 Regis	ster Ave.
		OR CONDITION DIRE	CTLY	CAUSE	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
	(This does no heart failure,	LEADING TO DEATH of meon the mode of dy asthenia, etc. It means the amplication which caused	disease,	DUE TO		405/3	Nadden ?
		ANTECEDENT CAUSES		(B) My	xarketes		
NO	RISE TO THE	R CONDITIONS, IF ANY BARYE CAUSE (A) STATE G CONDITION LAST.		DUE TO (C)			

11

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

ond that in (my) (our) opinion deoth occurred of

24s. DATE

19A. DATE OF OPERATION .

19s. CONDITION FOR WHICH OPERATION WAS PERFORMED

20. AUTOPSY?

certify that (1) (this haspital) ottended the deceased fram

that (I) (we) last saw the deceased alive an _m., from the couses and an the date stated above.

23s. ADDRESS

23A. SIGNATURE

MED. DIRECTOR STARE PHYS. 46 W. 36 Th St.

23c. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

ATTENDING PHYS.

24c. NAME OF CEMETERY OR CREMATORY

(City, tawh, ar caunty) 24b. LOCATION

Finksburg

Burial

MAL

256. NAME OF TEGISTRAL 25c 25A. DATE REC'D BY HEALTH DEPT.

25c. FUNERAL DIRECTOR

ADDRESS

VR A15 (4)

15M 9/60

funeral

papers. Pages 1 and 2 nn 72 hours after death. filled in by

comp

physician and

attending

death. 1994 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit permit. be filed with the State Dept. of Health prior to burial, cremation, or reny

OR ATTENDING

CERTIFICATION

al, and in any ever

within 24 hours after

requires that the death certificate be

Paul E. Chanoweth Jr. 3617 Chestnut Ave 121-25

the funeral director, 2 should be fited with

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124

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAS

- BALTIMORE 1, MARYLAND

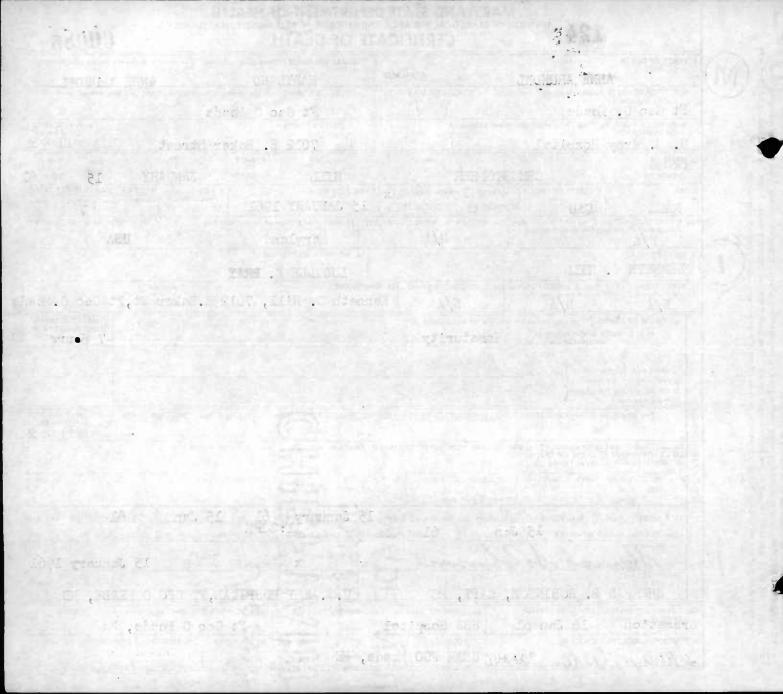
I OUT WESTWING!	MILE	WECOUDS	PALI
CERTIFIC	ATF	OF D	FATH

00088

1. 1											
(PLACE OF DEATH			AA A BVI AAIN	o. STATE			ed. If institution b. COUNTY	on: Residence	before admi	ssion)
		NNE ARUNDEI	-		-		1				
·	 CITY OR TOWN (If RURAL and give ned) 	outside corporate limit	s, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If out	side corporote	limits, write R	JRAL ond gi	ve nearest tov	rn)
3	Ft Geo G.				F	t Geo	G Mead	е			
1	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, gi	ive street o	oddress)	d. STREET A	DDRESS				e. tS RE	SIDENCE
Ī	U. S. Army	Hospital	ARTINDEL acceptoral limits, write acceptoral limits, write RURAL and give nearest town) acceptoral RURAL and give nearest town not nearest town) acceptoral RURAL and give nearest town not nearest town not nearest town not nearest town not nearest town								
3. !	NAME OF DECEASED	Firs	it	Middle	las	st		Mon	th	Day	Yeor
	(Type or print)	CHE	RISTO	PHER	нпл		DEATH	JANUA	RY	15	19 6
. 5	SEX				-		9.		IF UNDER 1		
	MALE		0.000			JARY 19	61		Months [Doys Hours	Min.
00	. USUAL OCCUPATION	N (Give kind of work d	lone 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPI	LACE (Stote or	foreign coun	try)	12.CITIZ	EN OF WHAT	COUNTRY
	N/A	ng life, even if retired)		N/A	Ma	rvland			IIS	A	
3.	FATHER'S NAME										
	KENNETH C.	HILL.									
_			CES2 16	SOCIAL SECURITY NO. 17		minim II.	Dicks	Addı	ess		200
		f yes, give war or dates of ser	rvice)			Hill	7012	E. Baker	St.F	t Geo	G. Mea
=				/			,		- ,		
		H (Enter only one cou								ONSET AN	D DEATH
	TAKI I. DEAI	IMMEDIATE CAUSE (o)	In	maturity						7 Hen	rs
	77	DUE TO									
	Conditions, if on gove rise to im										
	couse (o), stoting the										
	lying couse last.										
5	PARY II. OTHE	R SIGNIFICANT COND	DITIONS C	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO) THE TERMIN	AL DISEASE C	ONDITION GIV	EN IN PART	1(o) 19. WAS	ORMED?
											NO F
S										YES	1 140 F81
KIILICA	20a. ACCIDENT WAS	UNDERLYING []	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in Po	ort I or Port II	of item 18.)		YES [] NO [2]
CERTIFICATION	OR CONTRIBUTING I	CAUSE OF DEATH		CRIBE HOW INJURY OCCUR	RED. (Enter noture o	of injury in Pa	ort I or Port II	of item 18.)		YES [J KO DA
	OR CONTRIBUTING OF INJURY	CAUSE OF DEATH	or 20d. IN	NJURY OCCURRED 20e. F	PLACE OF INJURY ((Home, form,			(Co		
	OR CONTRIBUTING I	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yea	or 20d. IN	NJURY OCCURRED 20e. F	PLACE OF INJURY ((Home, form,			(Co		
	OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yea	20d. IN While of work	NJURY OCCURRED 20e. F	PLACE OF INJURY (foctory, street, offic	(Home, form, e bldg., etc.)	20f. (City or	town)		ounty)	(Stote
	OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yea 19 (I) (this haspital)	20d. IN While of work	NJURY OCCURRED 20e. F	PLACE OF INJURY (foctory, street, office	(Home, form, e bldg., etc.)	20f. (City or	town) 5 Jan	, 19_6	ounty)	(Stote
	OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yea 19 (I) (this haspital)	20d. IN While of work	NJURY OCCURRED 20e. F	PLACE OF INJURY (foctory, street, office	(Home, form, e bldg., etc.)	20f. (City or	town)	, 19_6	L that (1)	(Stote
	OR CONTRIBUTING (IF EITHER, NOTIFY A Hour o. m., p. m. 21. 1 certify that saw the decease 220. SIGNATURE	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yea 19 (I) (this haspital)	20d. IN While of work	NJURY OCCURRED 20e. F	PLACE OF INJURY foctory, street, office death accurre	(Home, form, e bldg., etc.)	20f. (City or	town) 5 Jan e causes an	, 19_6 d an the	1. that (I) date state	(State) (we) last d abave. 2b. DATE SIGNED
	OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify that saw the decease 22o. SIGNATURE 22c. PHYSICIAN'S	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yea 19 (I) (this haspital)	20d. IN While of work	NJURY OCCURRED 20e. F	PLACE OF INJURY (foctory, street, office) 15 January death accurre	(Home, form, e bldg., etc.)	20f. (City or	town) 5 Jan	, 19_6 d an the	L that (1)	(Stote)
	OR CONTRIBUTING (IF EITHER, NOTIFY A Thornous Manager The OF INJURY A certify that Saw the decease The Control of the Control The	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yea 19 (I) (this haspital) and alive an 15	or 20d. IN White of work) attend Jan	NJURY OCCURRED Not while of work led the deceased fram196land that	place of INJURY foctory, street, office death accurre M.D. ATTENDIN PHYS. 22d. ADDR	(Home, form, te bldg., etc.)	20f. (City or Land of	town) 5 Jan e causes an	, 19_6 d an the	1. that (I) date state	(Stote) (we) last d abave. 2b. DATE SIGNED
MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY A HOUR OF INJURY HOUR O. m., p. m. 21. 1 certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) SHERMAN	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yea 19 (I) (this haspital) and alive an 15 S. ROBINSO	or 20d. IN While of work attend Jan ON, O	NJURY OCCURRED Not while of work led the deceased fram 19 6 and that	PLACE OF INJURY (foctory, street, office death accurred) M.D. PHYS. 22d. ADDR U.S.	(Home, form, e bldg., etc.) ATY 19 6 ATY 19 6 DIRECTION OF THE BLDG CONTROL OF THE	20f. (City or Land Land Land Land Land Land Land Land	town) 5 Jan e causes an STAFF	19 6 d an the 15 J	1. that (I) date state anuary ADE, M	(Stote) (we) last d abave. 2b.DATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be recovered by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 o. 2 should be filled with the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/S9



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

125

1	a. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If instituti b. COUNTY	ion: Residence before admission) Anne Arundel
厂	b. CITY OR TOWN (I RUPAL and give no RIVIERA	f outside corporate limits, write earest town) Beach	c. LENGTH OF STAY IN 16 5 yrs.	c. CITY OR TOWN (IF o	utside corporate limits, write F	(URAL and give nearest town)
	d. NAME OF HOSPIT OF INSTITUTION 8481 Ga	AL (If not in haspital, give stree	t address)	d. STREET ADDRESS 8481 Gard	len Read	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Margaret Mar	ie Hindle	Lost	4. DATE Mor	
S	Female	6. COLOR OR RACE 7. MAI	es Ede	B. DATE OF BIRTH Jan. 21, 1906	9. AGE (In years lost birthdoy) 54 yrs.	Months Doys Hours Min.
	Oa. USUAL OCCUPATION during most of work Housawit 3. FATHER'S NAME	king life, even if retired)	None	11. BIRTHPLACE (Stote England 14. MOTHER'S MAIDEN N		12. CITIZEN OF WHAT COUNTRY?
	James 1	F. McCormick		Rese A. I	PACY	
		R IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)		. Themas J. H		dress
	Z Z	mmediate the under (c)	mone			VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X
		CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE			
	saw the decea	19 Whill at we	e Not while facet of wark ded the deceased fram.	15	10 Jan 1	(County) (Stote) 19 (I) (we) last and on the date stated above.
	22c. PHYSICIAN'S NAME (Type)	n. McLai R.M.McL	aughtin	M.D. ATTENDING M.D. PHYS. DI	ED. STAFF PHYS	Rosadem Ma
	BURIAL, CREMATIC REMOVAL (Specify Burial	Jan. 18, 1961	23c. NAME OF CEMETERY C	Cemetery	23d. LOCATION (City, town, West Rexbury D BY REGISTRAR 25b. REG	
1	Herry &	//	Ritchie Hwy.		2001	They S. Kraus

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THE RESIDENCE STREET, THE WEIGHT DESCRIPTION AND ADDRESS.

o. STATE Maryland

d STREET ADDRESS

Lost

HUNTT

B. DATE OF BIRTH

. IS RESIDENCE ON A FARM?

Dov

20

IF UNDER 1 YEAR IF UNDER 24 HRS

YES F NO

Yeor

1961

b. COUNTY Anne Arundel

Month

January

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lawn)

RURAL - Edgewater

4. DATE

DEATH

c. LENGTH OF STAY IN 16

8 hours

Middle

MARYLAND

death.

1. PLACE OF DEATH

Anne Arundel

Irene

6. COLOR OR RACE

b. CITY OR TOWN (If autside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street oddress)

Anne Arundel General Hospital

RURAL and give negrest town)

Annapolis

OR INSTITUTION

o. COUNTY

NAME OF

5. SEX

DECEASED

(Type or print)

should

9. AGE (In years lost birthday) 7. MARRIED NEVER MARRIED Months Dave DIVORCED [White WIDOWED [male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking tife, even if retired) U.S. ermilo Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? HA. SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Hour o.m. Not while at work of work 21. I certify that I attended the deceased from Jan. 20, 1961, to Jan. 20, 1961, that I last saw the deceased and that death accurred at 10:20P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Franklin St. PHYSICIAN'S Edward S. Beck Annapolis, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE 23- FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR DATEJAN 2 5 '61 archur & Thous

TO FUNE

1. 4.19		CERTIFICA		
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most be refired by the haspital or attending physician.

FUNER. CIRECTOR: After this certificate has been signed by the attending physician and campletely filled to page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

TO FUNER

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 197

CERTIFICATE OF DEATH

00133

1.4.6	Reg. Dist	t. No.
1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE,	e before admission)
Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne A	rundel
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ive nearest town)
Annapolis	// Annapalis	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1311 Maple Street	1311 Maple Street	YES NO
3. NAME OF First Middle DECEASED (Type or print) SAMIET. M HYATT	Last 4. DATE Month OF	Day Yeor
Addition II HITGIT		24 1961
MARKIED NEVER MARKED	lost birthdoy) Months [YEAR IF UNDER 24 HRS. Doys Hours Min.
Male White WIDOWED DIVORCED	April 15, 1887 73 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		ZEN OF WHAT COUNTRY
Retired Shoe Repair Prop. shoe repai		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown	unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1Yes, no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address	
no no Mr	s Ida Hyatt- Wife- same as # 2	
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	4	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (6) Le renality of	Artenorelevarie	ONSET AND DEATH
4)) DUE TO		
Conditions, if ony, which) + warelesses	lic CVD.	250,
gove rise to immediate couse (o), storing the under-		1
lying couse last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
3 Diabetin M.		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (Coactory, street, office bldg., etc.)	ounty) (Stote)
p. m. 19 of work of work		
21. I certify that I attended the deceased from 19-57	7 , 19 , ta 1-24-, 196/, that I lo	ast saw the decease
	h accurred at 9:30PM, from the causes and an the	e data stated about
1 1 1 1 2	ADDRESS (Street, city or town, stote)	DATE SIGNE
SIGNATURE Trank, Maching	12/ Cuthel & CT	1.25-61
SIGNATURE	M.D	
PHYSICIAN'S NAME (Type) Frank Shipley MD	Annapolis, Maryland	
220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY		(Stote)
REMOVAL (Specify)	ael Cemetery Annapolis, Marylan	, ,
AUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
Hopping Funeral Home Annapolis Md		
TOPPEND - CHICLET HEADO WHILMDOLLS MA	DATE JAN 26'61 CLILLING P	GT A

Annapolis, Md

DATE JAN 2 6 '61

Cothur & King

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4		10 FUNE CONFICE After this certificate has been signed by the attending physician and campletely filled in the funeral director,	page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 4 2 should be filed with	
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25	may be refined by the haspital ar attending physician.	0	0	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.
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	128	CERTIFICA	ATE OF DEATH	1	Reg. Dis	C0134
1. PLACE OF DEATH, o. COUNTY	e Arunde	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE			
b. CITY OR TOWN (If outsi RURAL and give nearest		c. LENGTH OF STAY IN 16 2 /2 space	Pasa Prival -	11.1	write RURAL and a	give pearest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION	nat in haspital, give street of	ddress)	d. STREET ADDRESS	ox 25/	î	ON A FARM?
3. NAME OF DECEASED (Type or print)	First ORGE	WILLIAM	INSLEY	4. DATE OF DEATH	Month AN	Day Yeor / 3 196/
MALE	WHITE WIDOWEL		B. DATE OF BIRTH JULY 8, 18	1 6	rthday) Months	1 YEAR IF UNDER 24 HR Days Hours Min.
1 Property of the	tive kind of work done 10b. K fe, even if retired)	way flag	Cambridge	1, Muy	land. 12. CIT	IZEN OF WHAT COUNT
10. FATHER'S NAME	Min &	Ineles	14. MOTHER'S MAIDEN N	1 the	Mary	a fritchett
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes,	U. S. ARMED FORCES? 16. St give war or dates of service) 2/3		IRS. INSLE	/ /	Address 914 1M	E
PART I. DEATH W	DUE TO	e for (a), (b), and (c).]	Tie CARPIO U	1/pscure	Pisease	INTERVAL BETWEEN ONSET AND DEATH
ICATIC			T NOT RELATED TO THE TERMI			19. WAS AUTOPS PERFORMED? YES NO
	AUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in t	Part I or Part II of ite	n 18.)	
20c. TIME OF INJURY M. Haur a. m. p. m.	anth, Day, Year 20d. IN. While at wark	_ Not while fo	ACE OF INJURY IHome, form ctary, street, office bldg., etc.	, 20f. (City or town)	(0	County) (State
21. I certify that I alive on	BRANG SIN		M.D. 9471 FT. PASAREN		auses and an th	ast saw the decea ne date stated abo DATE SIGN
220. BURIAL, CREMATION, 22 REMOVAL (Specify) 23. FUNERAD DIRECTOR'S SIG	17 Hay. 61	ADDRESS	till	22d. LOCATION (CI	AN)	(Stote)
Though	atters of	Glan Durg.	15 4111	N 1 8 '61	Classian 8	Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	2. USUAL RESIDENCE	(Where deceased lived.	If Institution	Residence bef	ore admission)
Anne Arundel MAR	YLAND G. STATE Mary	land b	COUNTY A	nne Art	indel .
outside corporate limits, write RURAL C. LENGTH OF STAY	IN 16 c. CITY OR TOWN	(If outside corporate lin	nits, write RUR	AL and give n	earest town)
11 Swamp 5 yrs	Rural - M	ill Swamp	X		
L OR INSTITUTION (If not in hospital, give street addre	d. STREET ADDRESS				e. IS RESIDENCE
- Box 472	Route 1	- Box 472			YES NO
First Middle	Last	4. DATE OF	Month	Day	Year
Phillip J	ackson	DEATH Ja	m. 21		19 61
6. COLOR OR RACE 7. MARRIED NEVER MARRIE	D 8. DATE OF BIRTH	9. AGE	the days	INDER TYEAR	IF UNDER 24 HRS
Colored WIDOWED DIVORCED	□ 1887 ?	73	yrs. Mo	nths Days	Hours Min.
N (Give kind of work done 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Stat	le ar fareign country)	1	2. CITIZEN OF	WHAT COUNTRY
g life, even if retired) ************************************	A.A.Co. 1	Id.		U.S.A.	
	14. MOTHER'S MAIDEN	NAME			
m	Unknown				
R IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO		·	Address		
(If yes, give wor or dates of service) None	Mamie Turner -	Rt. 1-Box	472 A	.A.Co.	Md.
H [Enter anly one cause per line for (o), (b), and (c).]	0			INTER	AL BETWEEN
H WAS CAUSED BY:	1.10			ONSE	T AND DEATH
MMEDIATE CAUSE (a)	CVIC			700	THE
DUE TO					
y, which (b) (b)					
nderlying DUE TO					
) (c)					
ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT KELATED TO THE TER	AINALDISEASE CONDI	JION GIVEN I		PERFORMED?
SE WAS TRIBUTING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Po	art I or Port II of item 1	B.)		

20a. EXTERNAL CAU PRIMARY ☐ ar CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour O. m. p. m. 21. I certify th deoth resulted ACTUAL

CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) E.G.Linhardt DEPUTY MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Chews Chapel

A.A.Co. Md.

(Stote)

DATE SIGNED

23. FUNERAL DIRECTOR'S SIGNATURE C.E.Hicks 111

Burial (Specify)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

1-26-61

ADDRESS Annapolis, Maryland 24a. REC'D BY REGISTRAR DATE JAN 3 0 '61

24b. REGISTRAR'S SIGNATURE Outhur S. Hours

pertificate, writing the word "pending" in pencil in Item 18. Gi If to the Chief Medical Examiner's Office along with farm PM3. TO FUNERAL TO DEPUTY cute 1 forw VS. A15ME(5) 5M 9/55

DIRECTOR: Page 3 should be used as a burial-transit permit.

If any delay is necessary, please exe-ne funeral director. Page 4 should be

Give Pages 1, 2, and 3 to the funeral Page 5 may be retained for you File pages 1 and 2 with the regis

executed within 24 hours after death.

MEDICAL EXAMINER: This certificate shauld be

crematian

prior ta burial,

PLACE OF DEATH

b. CITY OR TOWN IIF Rural - Mi d. NAME OF HOSPITA Route 1 -

NAME OF DECEASED

5. SEX Male

CERTIFICATION

MEDICAL

(Type or print)

100. USUAL OCCUPATIO during most of workin Farmer 13. FATHER'S NAME

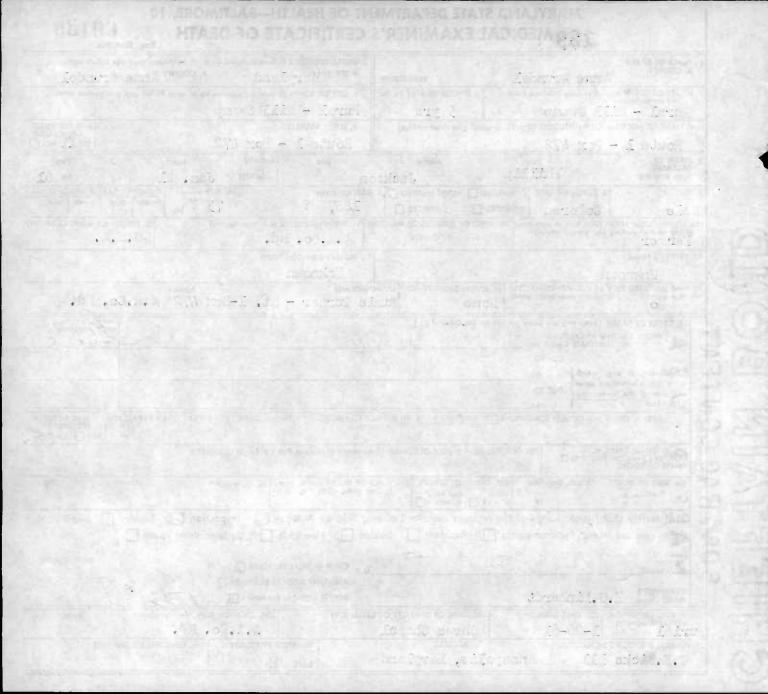
Unknow 15. WAS DECEASED EVI (Yes, no, or unknown)

> 18. CAUSE OF DEAT PART I. DEAT

Conditions, if a

gove rise to immed (a), stoting the u cause lost.

PART II. OTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

130 CERTIFICATE OF DEATH

	200					111111
1. PLACE OF DEATH e. COUNTY	Anne Arundel	MARYLAND	a. STATE Mary	EE (Where decessed lived, b. CO		
	f outside corporate limits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete limits, w		
	AL OR INSTITUTION (if not in h	ospitel, give street eddress)	d. STREET ADDRESS	JOILE		. IS RESIDENCE
Anne Arundel	L General Hospi		/ 110 Princ	ce George St.	,	YES NO
3. NAME OF DECEASED (Type or print)	Emerson	Middle	JOHNS ON	of DEATH Janua	ry 31	19 61
5. SEX Male	6. COLOR OR RACE 7. MARI		ctober 27, 19	9. AGE (In yee lest birthday	11101111110	Hours Min.
1De. USUAL OCCUPATION done Spring most of wor SALES N	rking life, even if retired)	KIND OF BUSINESS OR INDUSTR		ty & State, or foreign count	TY) 12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME	2 L. JOHN	SON	14. MOTHER'S MAIDEN BERTIE	-17 -17	INSON	
	FR IN U.S. ARMED FORCES? (yesgive werordetes of service)	6. SOCIAL SECURITY NO. 17. 1	Margaria	+ P JAddr	Imson	3
PART I. DEATH	EATH [Enter only one cause per H WAS CAUSED BY:		- Junior	520 1	INT	TERVAL BETWEEN
581.	DUE TO	eding esophagea		539.1		n ±
Conditions, if any		nnec's cirrhosi	S	581.1		o ye
(a), steting the us	DIJE TO					
PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	HAL DISEASE CONDITION (19. WAS AUTOPSY PERFORMED? YES NO X
2De. ACCIDENT WA	AS UNDERLYING [] 2Db. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury In	Pert I or Pert II of item 18.)		
20c. TIME OF INJU Hour a.m. p.m.	WH		CE OF INJURY (Home, ferm ory, street, office bldg., etc.		(County)	(State)
21. I certify th	hat (I) (DDCDDDDDD) atte	ended the deceased from	,	19, to	, 19, t	hat (I) (1000) la
saw the deceas	ed alive on			M, from the cause	s and on the da	
22e. SIGNATURE	nless Ship	blug M	.D. PHYS.	AED. STAFF		22b. DATE SIGNE 2/2/6
22E HYSICIAN'S NAME (Type)	Frank M. Shipl	ev/	121 Cather	iral St., Ann	apolis, Me	d
230 BURIAL, CREMATION (Specify)	ON, 236. DATE THEREOF	St Menn		23 to CATION (City,		(Stete) Md
20 FUNERAL DIRECTOR	LESSIGNATURE Sons	and sol	lis Mal 250. REC	mm o tod	REGISTRAR'S SIGNA	TURE

10 Th Top : in the a latterne Latingon december to home a control ACCOMMO BELLEVA VOLUMENTO DE COLLEGA OLICANO The second of Station el fill (Carrier CONTRACTOR SET SET STATE OF THE CONTRACTOR A I.TEX Rebeling and the purification of the community of t file and a standard service of the s

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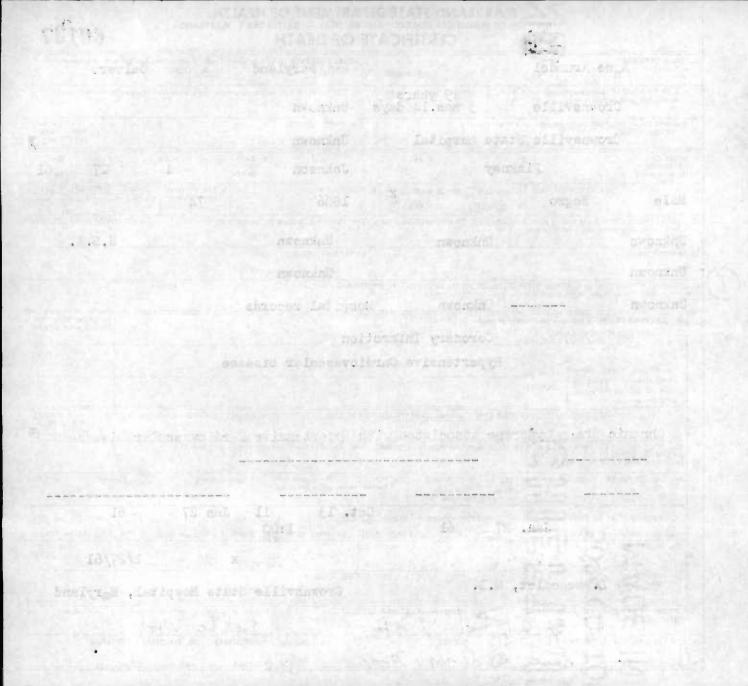
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	131	GERTIN 167	0. 0-7	•			0 0 00	
1. PLACE OF DEATH o. COUNTY Anne Aru	ndel	MARYLAND	2. USUAL RESIDENCE (W	here deceased and	lived. If institution b. COUNTY	Calve	before odmi	ission)
b. CITY OR TOWN (If outside corp RURAL and give pearest town)	ille	3 mos.14 days	c. CITY OR TOWN (IF	outside corporo	te limits, write RI	URAL and give	nearest to	vn)
d. NAME OF HOSPITAL (If not in I	nospital, give street	address)	d. STREET ADDRESS		9-11		e. IS RE	ESIDENCE A FARM?
OR INSTITUTION Crownsy:	ille State	e Hospital	Unknown					NO [7
NAME OF DECEASED (Type or print)	Pinkne	Middle	Johnson	4. DATE OF DEATH	Man 1	th	27 27	Year 19 61
Male 6. COLOR C		RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9	AGE (In years laster inhagy) 4 yrs.	Months Do	_	
 USUAL OCCUPATION (Give kind during mast of working life, even Unknown 	if retired)	KIND OF BUSINESS OR INDU Unknown	STRY 11. BIRTHPLACE (Stote		intry)		S.A.	COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Unknown			Unknown					
TTon laws or many	ar dates of service)	SOCIAL SECURITY NO. 17. II	Hospital rec	ords	Addr	ess	ME B	
ĔI	DUE TO (b) DUE TO (c) ANT CONDITIONS O	COTONARY Infare TO THE STATE OF THE STATE O	rdiovascular NOT RELATED TO THE TERM Lth Hypertens	MINAL DISEASE	CONDITION GIV	EN IN PART 1(PERF	S AUTOPSY
20c. TIME OF INJURY Month,	PERTHAMINER) Day, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for ctory, street, office bldg., et	rm, 20f. (City o		(Cou	nty)	(State
21. I certify that (1) (this I saw the deceased alive of 22a. SIGNATURE	naspital) attend	ded the deceased fram	death accurred at 1:	Z . U	en 27 he causes an		late state	(we) las ed abave 22b. DATE SIGNED
22c. PHYSICIANIS NAME (Type) L. Ber	e THEREOF		22d. ADDRESS Crownsvi	lle Sta		tal, M	aryla	nd ote)
24. PUNERAL DIRECTOR'S SIGNATURI	0.10	ADDRESS M	250. REC	C'D BY REGISTR	AR 25b. REGIS	STRAR'S SIGN	ATURE	



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	Arundel		MARYLAND	2. (JSUAL RESIDENCES, STATE	- 1	deceased	lived. If instituti b. COUNTY				
	autside corporate limi	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN		de corpor					
Annap	7 1		16 days	1	Edgew	ater						
d. NAME OF HOSPIT. OR INSTITUTION	AL (If nat in haspital, g	give street	address)		d. STREET ADDRE	ESS					e. IS RES	
	Arundel Ge	neral			Box 262	Se	by c	on Bay				NO A
3. NAME OF DECEASED	Fir	st	Middle		Lost	4.	DATE	Mor	nth	Do	,	Yeor
(Type or print)	Edmun.	d	V.		Jones	30.0	DEATH	Jan.		6		1961
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DA	TE OF BIRTH			9. AGE (In years				ER 24 HRS
Male	White	WIDOW	ED DIVORCED		Feb.18,	189	7	lost pirthday) yrs.	Manths	Doys	Hours	Min.
100. USUAL OCCUPATIO	N (Give kind of wark ing life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE	(State or f	foreign co	untry)	12. CIT	IZEN OF	WHATC	COUNTRY
PLUMB	EP	,	CONSTRUCTI	ON	Vin	gini.	2			II.	S.	
13. FATHER'S NAME				14	MOTHER'S MAIL	white the same of	-					
SAMUE	DEU	ON	ER		HARRI	ET	T	I,NK				
15. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFOR	MANT			Add	ress		-	
(Yes, no or unknown)	If yes, give war ar dates of s	ervice)		AG	NES	B	JON	ES A	2			
18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne for (a), (b), and (c).]		~ ~	_					RVAL BE	
PART I. DEA	TH WAS CAUSED BY:	371.1	Counting 1	de	210 (8	Rut	2.			ONS	ET AND	DEATH
573	DUF TO	- 1	2 P	200	1	0		,		1	20	22
Conditions, if or	which \	2 De	andsmolis	- 0	Eserce.	. Kes	and a					
gove rise to in	n mediate	130	la Balla	me	oned							
lying couse lost.	he under-	100	with your									
	FP SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH BU	IT NOT	DELATED TO THE	TERMINIA	DICEACE	CONDITION	/FN: 151 DA	T 1/21 1	0 14/40	ALITORCY
OIN OIN	EK SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BO	JI NOI	KELATED TO THE	TERMINA	LUISEASE	CONDITION GI	VEN IN PAR	(1 1(0) 1	PERFC	DRMED?
E 30- ACCIDENT WA	C LINDERWING FO	201 DEC	CRIPE HOW BUILDY OCCURR	ED /F			1 0 4	11 . 6 '0 10 1	<u> </u>		YES [NO [
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCURR	ED. (En	iter nature at inju	iry in Pari	I gr Pari	II of item 18.)				
20c. TIME OF INJURY	Manth, Day, Yes	or 20d. II	NJURY OCCURRED 20e. P	LACE	OF INJURY (Hame	, form,	20f. (City	or town)	(County)		(Stole
20c. TIME OF INJURY Hour o. m.	19	While at war	Not while	actory,	street, office bldg	g., etc.)						
	. //\ /Ab.:- b:a-l	-		D		1000	, ,	lm 16	10/	1 1	4 (1) 4	
		. 1	led the deceased from			1920	-	1				
saw the deceas	ed alive an	10.6	1961, and that	death	accurred at	ZZM	, fram 4	the causes ar	d an th	e date		b. DATE
220. 3101471010	47	1			ATTENDING _	MED.		STAFF PHYS.		110	1. "	SIGNE
22c. PHYSICIAN'S	pen hald	1.		M.D.	PHYS. 22d. ADDRESS	DIREC	TOR 🗌	PHYS.		118	161	
NAME (Type)	Dr. Elm	ner G	Linhardt			Ches	apea	ke Ave.	Anr	apo	lis,	Md.
23g. BURIAL, CREMATION		P61	ST. MARY'S	OR CRE	MATORY	230	UAS	ION (City, town,	or county)		(Stot	te)
24. FUNERAL DIRECTOR'S	SIGNATURE	1.	ADDRES6	111		REC'D B	Y REGISTI	RAR 2Sb. REGI	STRAR'S SI	GNATU	RE	
JOHN M	TAYLOR	1.50	NS ANVAPOLI	5/		reJAN 1	1 '61		Chun S.	Krau	4	

The second of th .rub out asnet THE TRANSPORT WATER 14 1 - 17 21 1 3 t T ASJES & Joyes & 2 SELECTION AND SELECTION ASSESSMENT AND SECURITION

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) y is necessary, I director. Page or your files. a. COUNTY a. STATE b. COUNTY MARYLAND Maryland A.A. Anne Arundel
b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest lown) l hr. Baltimore 25 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Po e. IS RESIDENCE ON A FARM? Arundel cove (On the ice) State YES NO T 129 Meadow Rd. death. 4. DATE ould be executed within 24 hours after death. It among the hours after a solution to the tendency of the solution of the solut Middle Month Yaai DECEASED OF (Type or print) DEATH Thomas Henry Koerner

6. COLOR OR RACE 7. MARRIED NEVER MARRIED 26th. 19 January 5. SEX AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) Months | Devs Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Sleta or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Ship fitter at U.S.A.Coast Gurad. Baltimore . Md. USA 14. MOTHER'S MAIDEN NAME Edward Koerner Lena Watzel This certificate should be executed within Weitzel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) Mrs. Lola Koerner (wife) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Charred to death. Few seconds IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if env. which (b) asse execute the certificate, writing the word "bending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a b geve rise to immediate cause DUE TO (a), stating the underlying cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Y 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Pert II of item 18.) PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. caught on fire. MEDICAL EXAMINER: burial, Coast Guard Cutter, when his clothes Was working on Month, Day, Yee 9.20 A.M. factory, street, office bldg., etc.) 0 While Not While at work at work Arundel Cove Curtis Bay. prior p.m.1/26/61 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinion Accident X Natural causes Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1/26/61 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) NAME (1798) Gustave H. Faubert, M.D. Add.
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY DEPL **ease e**; 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) ₽40 Ö Baltimere, Maryland Burial Jan. 30, 1961 Western Cemetery 23, FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Trava FEB 2 161 5M 7/59 4001 Ritchie Hwy.

MARYLAND STATE DEPARTMENT OF HEALTH

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Cirilar & Thomas

134 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Anne Arundel Anne Arundel COLTY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Annapolis
d. NAME OF HOSPITAL (If not in hospital, give street address) Months d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Second Avenue USNH, Annapolis, Maryland YES NO IX NAME OF Middle First 4. DATE Month Day Year DECEASED OF DEATH Lidard LANCASTER (Type or print) Rose 17th 1961 January 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HPS. 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Hours Days Female White WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John LIDARD Marguerite McCULLOUGH WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Husband - 518 6th Street, Annapolis, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis of Liver vear DUE TO Chronic Alcoholism Canditions, if any, which Many years (b) gave rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Not while Hour a.m. factory, street, office bldg., etc.) at work at work 60 21. I certify that I attended the deceased fram 11-1 . 19_61 that I last saw the deceased .__, and that death accurred at 2:25PM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL USNH, Annapolis, Maryland PHYSICIAN'S LT MC USNR BUSCH NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 1-21-1961 New Cathedral Cemetery Baltimore Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AN 2 4 '61

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Page directar	be div	1. [LACE OF DEATH	ne Arundel		MARY	LAND	2. USUAL RESIDENCE (W. o. STATE Maryla	here deceased	d lived. If institution b. COUNTY		before odn	
after death.	ag P		RURAL and CYC	(If autside carporate liminares town)	ts, write	6 mos 9da		c. CITY OR TOWN (IF		rate limits, write R	URAL and gi	re nearest to	own)
urs afte	2.2 should		d. NAME OF HOSP OR INSTITUTION Cro	PITAL (If not in hospital, gwnsville Sta	ive street ate H	oddress)		d. STREET ADDRESS Rt. # 3.	Box 14	7		ON	RESIDENCE A FARM?
in 24 hai filled	-		NAME OF DECEASED Type or print)	Fir		Middle		Last	4. DATE OF DEATH	Mon	th	Day	Year
	Pages	5. 5		Sin				Leonard	DEATH	1	LE HAIDER 1	VEAD IE III	1961 NDER 24 HRS.
scuted withi	0	5. 3	Male	Negro	WIDOW	NEVER MARRI		9/29/1890	31	9. AGE (In years last birthday) 70 yrs.		ays Hou	
comp	papers.	10a	. USUAL OCCUPAT during mast af wa	TON (Give kind of work orking life, even if retired	dane 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPLACE (State	e ar fareign c	ountry)			T COUNTRY?
e ex	72 ho	13	FATMER S NAME		-		•	Maryland 14. MOTHER'S MAIDEN	NAME		U	.S.A.	
ate b	thin Thin	1	Frank Le	eonard				Lanie ?	TANALE				
certificate g physicial	t, wi		WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN	FORMANT		Add	ress	X 11 U.S.	
cerl ng p	even	(Yes	No No	(If yes, give war or dates of s		Unknown	F	Mospital Reco	ehra				
death	any		1B. CAUSE OF DE	EATH [Enter anly one co								INTERVAL	BETWEEN
e de	ld ri		PART I. DE	EATH WAS CAUSED BY:	, (Generalized	Cac	hexia				ONSET A	ND DEATH
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tho by	# To		Canditions, if	any, which) (b	, 1	Bone Metast	asis						
ires	E A		gave rise to cause (a), stating	immediate ()			SOUTH THE SAME					
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physicic as beer	ation, o	CATION	PART II. O	THER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
IAN: The ending Ficate h	the bur	CERTIFIC	OR CONTRIBUTIN	VAS UNDERLYING IG CAUSE OF DEATH X MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED). (Enter nature of injury in	Part I ar Par	t II of item 1B.)			
SICI	ourio	WEDICAL	20c. TIME OF INJU			NJURY OCCURRED	20e. PLA	CE OF INJURY (Hame, far tary, street, affice bldg., et	m, 20f. (City	ar tawn)	(Co	unty)	(State)
PHY plan	to to	MED	Haur a. m.	10	While at wor	Nat while							
DING nospite	prior		21. I certify th	nat (I) (this haspital) attend				942 . ta_	1/7/) (we) last
ENG Pe F	alth alth			ased alive on 11		1961 , and	that d	eath accurred a 101	40 fram	the causes an	d an the	date stat	
by the CTO	H He		22a. SIGNATURE	11.	, /	18/2		ATTENDING _ A	MED. DIRECTORS	STAFF PHYS.	Tonnon	. 7	22b. DATE 1961
OR Sed	d b		22c. PHYSICIAN'S	Alle	111	W Pro	٨	A.D. PHYS. 22d. ADDRESS	DIRECTOR	PHYS. 📙	Januar	у 1,	1901
₹ S	Boal		NAME (Type)	L. Benedi	ct,	K.d.	300	Crownsvil	lle Sta	te Hospi	tal, M	aryla	nd
HOSPI Tay be FUNER	of die	23a	BURIAL, CREMATI)F	23c. NAME OF CEM	ETERY OF			TION (City, town,			itate)
	page the St		PURIA!	1-16-1	1	EVERGE	EEL	CEM	BA	1 61313	KA	d.	
5 E 5	0	24.	FUNERAL DIRECTO	R'S SIGNATURE	-	ADDRESS		25a. REC	D BY REGIST	RAR 25b. REGI	STRAR'S SIGI		
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		manufactures		- and

y the funeral directors 2.2 shauld be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. may be the hard by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remover carbon papers. Pages 1 the State Board of Health priar to burial, crematian, ar remaval, and in any event. TO HOSPIT

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	136										
1. PLACE OF DEATH o. COUNTY	Anne Arur	del	MARYLAND	g. STATE	DENCE (WI		lived. If institution b. COUNTY	Anne			
	f outside carporate lim	its, write	c. LENGTH OF STAY IN 16	c CITY OR	TOWN (If o	outside corpore	ate limits, write R	URAL and gi	ve neare:	st town)	
RURAL and give no			2 days	I	RURAL	- Davi	dsonvil	le			
d. NAME OF HOSPIT OR INSTITUTION Anne Arunde	AL (If not in haspitol,			d. STREET A		AL)	ME.	1775		IS RESID	ARM?
3. NAME OF	Fi	rst	Middle	Las		4. DATE	Man	th	Day	Ye	or
(Type or print)	Dor		Anne	LITA		OF DEATH	Januar		11		961
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DATE OF BIRT	Н	5	P. AGE (In years last birthday)	Months	_		
Female	White	WIDOWI	ED DIVORCED	Jan. 9.	1961	- 4	yrs.	Months	Days I	2	Min. 13
10a. USUAL OCCUPATIO	ON (Give kind af work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU			or foreign cou	untry)	12. CITIZ	EN OF W	/HAT CO	DUNTRY?
Corning most of wor	king me, even m remed	'			Mary!	land			U.S		
13. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME					
John Car	rlton LITTI	E		Doz	ris I	Lene BE	CARD				
IS. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOI Ilf yes, give war or dates of		SOCIAL SECURITY NO. 17. II	NFORMANT Hospit	:ລີ ກະ	ecords	Add	ess			
In CAUSE OF DE	ATU CONTRACTOR OF THE PARTY OF		f (-) (b) 1 (-) 1	1103011	Jal I	SCOL GD			LINITED	AL BETY	A/EEN1
	TH WAS CAUSED BY:	-	espiratus distri	us Syndi	ience -	Probabl	e hyalin	e		AND E	
Conditions, if a		P	espiratny distri rematurity		me	mbraue	direcu	e	4	48 hr	₹.
gave rise to i cause (o), stating lying couse lost.											
PART II. OTH		-	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART		WAS AL	MED?
PART II. OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature o	ıf injury in	Part I or Port	II of item 1B.)			V	
20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Day, Ye	or 20d. II While of war	Not while fo	ACE OF INJURY (ctory, street, office	Home, form bldg., etc	n, 20f. (City (or town)	(Co	ounty)		(Stote)
21 I certify the	et (I) (Heisenhauserian	t) attend	ded the deceased fram	Jan. 9.	10	67 to 1	an. 11.	19 6] that	(1) (0)	GT last
	sed alive an Jar					M, from t				tated o	
	James & H	udn	n V	M.D. PHYS.		ED.	STAFF PHYS.		7/1		SIGNED
22c. PHYSICIAN S	ovino, jo jo		1	22d. ADDR		MECTOR _	.,,,,,			1/01	
NAME (Type)	James I. H	ludsor	r, r.	River	Club	Estate	s, Edgev	vater,	Md.		
23a. BURIAL, CREMATIC REMOVAL (Specify)		OF	23c. NAME OF CEMETERY C	OR CREMATORY		23d. LOCATI	ON (City, tawn,	ar county)		(State)	
Burial	Jan. 14, 19	61	Hillcrest Men	norial Ce	emeter	y A	nnspolis			d	
24. EUNERAL DIRECTOR	SIGNATURE	1	ADDRESS		25a. REC'	D BY REGISTR		STRAR'S SIG			
Hopping	Funeral I	one	Annapolis, M	d	DATEJA	N 1 6 '61	an	Chour 8 9	Track		7
20631	62 X V 2										

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the funeral directar, shauld be filed with death. carbon ofter physician requires that burial-transit certificate os the should registror 3 0

VS A15 (4)

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	TE OF DEATH	CERTIFICA		
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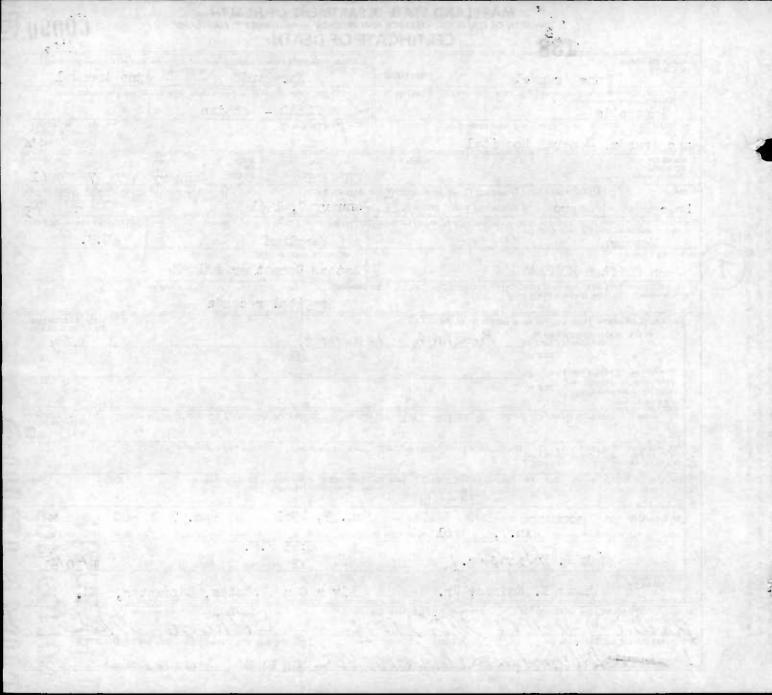
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	PLACE OF DEATH	Inne Arunde	7	MARYLA		USUAL RESIDENCE (What is a state Mary		lived. If institution b. COUNTY	n: Residence			
-	b. CITY OR TOWN (If	outside carporote limi		c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If a		ate limits, write RL	0			
	Annapoli					RURAL .	- Loth	ian				
	d. NAME OF HOSPITA	AL (If not in haspital, g				d. STREET ADDRESS e. IS RESIDENC ON A FARM						
A	nne Arundel	General H	iosp1	tal		E					YES [NO 🔀
3	NAME OF DECEASED (Type or print)	Fir	st	Middle	M	ORELAND	4. DATE OF DEATH	January		Do	,	Year 1961
S	. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		ATE OF BIRTH	9	9. AGE (In years	IF UNDER		1	
	Male	Negro	WIDOW			anuary 7, 19	961	last birthday) yrs.	Manths	Days	Haurs	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (State		untry)	12.CITIZ	ZEN OF	WHATC	OUNTRY
	Newbori	ing life, even if retired)			Maryland	1			U.S	5.	
1:	B. FATHER'S NAME				1	4. MOTHER'S MAIDEN N				-	-	
	John Clift	ton MORELAN	ID		- 10	Esther Dores	ather	JOHNSON				
1	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INFO	RMANT		Addr	ess			
(Yes, no, or unknown) (If yes, give war or dates of s	ervice)		1000	Hospital	recor	ds				
WOLT & DISTRIBUTION	Canditions, if ar gave rise to in cause (a), stating t lying cause last.	he under- ER SIGNIFICANT CON) Ditions (H BUT NO	OT RELATED TO THE TERMI			EN IN PART		PERFO	24
TODO I CEDIT		CAUSE OF DEATH MEDICAL EXAMINER) (Manth, Day, Ye		NJURY OCCURRED 2 Nat while	0e. PLACE	OF INJURY (Hame, farm, street, affice bldg., etc.	, 20f. (City		(C	aunty)		(State)
	saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (17/pe)	ed alive an Ja SMIA) Hos	n.7,	1961, and t	M.D	22d. ADDRESS River Club	M, from	STAFF PHYS. Edgew	d an the	date	stated 221 /10/	b. DATE SIGNED
2	3a. BURIAL, CREMATION REMOVAL (Specify)	1-11-19	761 Rees	ADDRESS OF CEMET	a.	1	BY REGISTION	CLA	TRAR'S SIG	NATU	RE SVat	e)



MARYLAND STATE DEPARTMENT OF HEALTH 13 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

139	CERTIFICA	TE OF DEATH	none ij maki sano	C0091
PLACE OF DEATH a. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	- b COUNTY	an: Residence befare admission) Anne Arundel
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Annapolis	c. LENGTH OF STAY IN 16		utside carporate limits, write RU Lothian	URAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Anne Arundel General Hosp:		d STREET ADDRESS		e. IS RESIDENC ON A FARM YES NO
3. NAME OF First DECEASED (Type or print)	Middle	MORELAND	4. DATE Mont	
5. SEX 6. COLOR OR RACE 7. MARR Nale Negro WIDOWI	La Carrent Manager	8. DATE OF BIRTH January 7, 196	9. AGE (In years last birthday) yrs.	Manths Days Haurs Min 23
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) Newborn	KIND OF BUSINESS OR INDU	Maryla	and	12. CITIZEN OF WHAT COUNT
John Clifton MORELAND		Esther Dore	eather JOHNSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	Hospital 1	records.	ress
18. CAUSE OF DEATH [Enter only one cause per lime. PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last. [b] OUE TO Using cause last.		mmaturity		INTERVAL BETWEEL
OR CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO DEATH 8UT			VEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO
<u> </u>	Nat while fa	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.		(Caunty) (St
21. I certify that (I) (this hospital) attends saw the deceased alive an Jan. 8, 22a. SIGNATURE WHAT I HUMBER ST. HUMBER	19_61, and that a	M.D. PHYS. MPHYS. DI	M, fram the causes an	and an the date stated aba 22b.DATE SIGN 1/10/6
230. BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE	The MANE OF CEMETERY CO	OR CREMATORY	23d. LOCATION ICity, town, of	
m/1// P. 11/	101010	1110,		

VR A15 (4) 15M 9/59

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Property of the second second second

o. COUNTY 387	Marley Ave	, GL	en Burnia Ma	2. 1	USUAL RESIDENCE (WI	here decease	d lived. If institution b. COUNTY			re odmis	sion)
b. CITY OR TOWN RURAL ond give	(If outside carporate limineorest town)	its, write	c. LENGTH OF STAY IN	11	e. CITY OR TOWN (IF o		prote limits, write R	URAL ond	give nec	orest town	(۱
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in haspital, ç N	give street	address)		d. STREET ADDRESS 387 Marley	Ave.				e. IS RES	FARM?
B. NAME OF DECEASED (Type or print)	MARY "		F NECES		Lost	4. DATE OF DEATH	1/29/61	th	Do		Yeor 19
. SEX	wWhite	WIDOWE		□ Ju	TE OF BIRTH 1894		9. AGE (In years last krizhday) O yrs.	Months	Days	Hours	Min.
Ja. USUAL OCCUPAT during most of we	FION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR House Wife	INDUSTRY	11. BIRTHPLACE (Stote Missouri	or foreign c	ountry)		J.S.		COUNTR
3. FATHER'S NAME	Unknown			14	MOTHER'S MAIDEN N	NAME					
S. WAS DECEASED EN	VER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO.	losen	h G. Neces	son	387 Marle		e, G	len	Burni
	IMMEDIATE CAUSE (c			11111	· Man And Ida	210				200	
Conditions, if gove rise to cause (o), stotin lying couse lost	g the <u>under-</u> DUE TO	1	Intercul				0	EN IN PAR	2T 1(a) 1		
gove rise to cause (a), stolin lying couse lost PART II. O PART II. O OR CONTRIBUTING (IF EITHER, NOTIFE)	any, which (b) immediate g the under-	DITIONS C		H BUT NOT	RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PAR	₹Ť 1(a) 1	9. WAS PERFO	
gove rise to cause (o), stotin lying couse lost PART II. O	Ony, which immediate g the under-to-to-to-to-to-to-to-to-to-to-to-to-to-	DITIONS C	CONTRIBUTING TO DEATI	H BUT NOT	RELATED TO THE TERMI	Port I or Par	E CONDITION GIV		County)	9. WAS PERFO	AUTOPSY RMED? NO
gove rise to cause (o), stolin lying couse lost PART II. O PART II. O OR CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF Hour o, m p, m	Ony, which immediate g the under-to-to-to-to-to-to-to-to-to-to-to-to-to-	20b. DESC	CRIBE HOW INJURY OCCURRED Not while of work 20 wed from 20	H BUT NOT CURRED. (En De. PLACE C foctory,	RELATED TO THE TERMI of the nature of injury in laster nature of injury in laster nature, office bldg., etc. 1961, ta.	Port I or Par	E CONDITION GIV	,that I	County)	9. WAS PERFO	AUTOPSY RMED? NO (Stote

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MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE 1, MARYLAND

DIVISION OF	STATISTICAL RESEARCH AND RECORDS — DE	76
41	CERTIFICATE OF DEAT	Γŀ

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	141	Rilm	CERTIFI	CAIL	OF DEATI	1		9/03			
1. PLACE OF D o. COUNTY	Anne Arundel		MARYLA	2. I	JSUAL RESIDENCE (V	Where deceased	l lived. If institution b. COUNTY	an: Reside	nce befar	e admissi	ian)
b. CITY OR RUBAL on Glen	TOWN (If autside carporate limited give nearest tawn) BUTNIE	s, write	120 days	1 16	E CITY OR TOWN (II) Unknown		rote limits, write RI	URAL and	-	VO/	. 1
OR INSTI	F HOSPITAL (If not in hospitol, gi TUTION a Manor Nursing		ldress)		d. STREET ADDRESS Unknow	n		*	·		FARM?
3. NAME OF DECEASED (Type or pri	Martha Parr		Middle		Last	4. DATE OF DEATH	January		Day		Year 19 61
s. sex Femal	0.2	7. MARRIE	D NEVER MARRIED DIVORCED		TE OF BIRTH 2-25-1887		9. AGE (In years lost birthdoy) yrs.	Manths Manths	Days	Haurs	Min.
10a. USUAL OC	CUPATION (Give kind af wark d it af working life, even if retired)		nd of business or nknown	INDUSTRY	11. BIRTHPLACE (Sto Unknown	te ar fareign co	ountry)		izen of		OUNTRY
13. FATHER'S N				14	Unknown	NAME					
1S. WAS DECE (Yes, no. or unknow NO	ASED EVER IN U. S. ARMED FORCE (If yes, give war or dates of ser		9-05-7412	P.T.	_{MANT} Merani-Bal	timore	D.P.W.	ess			
Candition gave ris	RT I. DEATH (Enter only one country one country in the country one	Arte	for (a), (b), and (c).] eriosclerot ciary lues	ic ca	rdiovascul	ar dise	ease		Un	know	DEATH
NO ACCI	tt II. OTHER SIGNIFICANT COND	OITIONS CO	INTRIBUTING TO DEAT	h but not	RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	EN IN PAI	RT 1(o) 19	PERFO	AUTOPSY ORMED?
OR CONTE	DENT WAS UNDERLYING ARBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER) DEFINJURY MONTH, Day, Yeo		URY OCCURRED 2		ter noture of injury i				(County)		(State)
Havr	a. m. p. m. 19	While at wark	Nat while of wark	factary,	street, affice bldg., e	etc.)					
	dedeased alive an Jar			hat deatl	accurred at 10	DAM, fram	the causes an	d an th	e date	stated 22b	
1//	James M. I			M.D.	22d. ADDRESS 400 N. C		ton Avenu		lto.	23,	
REMOVAL Buri	al 1-14-01			ery or cri vary		Glen	Burnie,	Ma ny	land	(State	e)
	es R. Law 802	Madia	ADDRESS			JAN 1 6		otrar's si			

Charles R. Law 802 Madison Avenue

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. The State Board of Health prior ta burial, crematian, ar removal, TO FUNERA TO HOSPIT VR A15 (4) 1SM 9/S9

by the haspital ar attending physician.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

divined sality it to the first the second of the

3 TO DEPCE. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the final director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution on STATE 3. COUNTY 4. STATE Same Same Same Same

1	a. COUNTY	e. STATE	IDENCE (When	decaesed lived, If b. COUN		nce before a	dmission
1	Arundel MARYLAN			G. COUN	et i		
1	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. CITY OR TO		corporeta limits, write	RURAL and give	nearest tow	n)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Same J. STREET ADI	Dares				
1	d. NAME OF HOSPITAL OK INSTITUTION (If not in nospital, give stream address)	W. SIREEI ADI	DKESS				SIDENCE A FARM?
1	417 Magnolia Rd.	1 Samo				YES [NO T
ı	3. NAME OF First Middle	Last	4. DAT	E Month	Day	y Yaar	
	(Type or print)		OF DEA	TH		19	
ŀ	5. SEX 16. COLOR OR RACE 7. MARRIED TO MEYER MARRIED	1 8. DATE OF BIRTH		19. AGE (In years	THE PROPERTY OF A	IF UNDER	37 HDC
1	7. MARKIED 12 NEVER MAKKIED	- 1- 1-		last birthday)	Months Days	Hours	Min.
	WIDOWED DIVORCED] 9/1/01		159 yrs.			
4	10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, avan if ratired)	USTRY 11. BIRTHPLACE	(State or foreign	country)	12, CITIZEN	OF WHAT C	OUNTRY?
1	Clerk (Commercial Credit)	Baltime	ore.Md.		USA		
	13. FATHER'S NAME	14. MOTHER'S MA					
	Balfour F. Perry	Manyr 1	Weaver				
di	- V	17. INFORMANT	meaver.	Address			
	(If yes give wer or dates of service)						
7		Mrs. R.B.Pe	erry (wi	fe)			
1	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]					NTERVAL BET	
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COTONARY Coolus	ion				Sudden	
ı	DUE TO		Comments to				
1							
	gava rise to immediata cause						
	(e), stating the underlying DUE TO						
1	cause last. (c)						
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	IT NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a)		UTOPSY RMED?
					F/3 /73	YES	NO T
Н	208. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury	in Pert I or Part I	l of Itam 18.)			-
1	PRIMARY or CONTRIBUTING CAUSE OF DEATH.						
Н	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e	. PLACE OF INJURY (Hom		Ctty or town)	(County)	(Stata)
1	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e While Not While of work et work	fectory, street, office bld	lg., etc.)				
4						1.	
1	21. I certify that I took charge of the remains described above			Lak '		d in my o	oinion
И	death resulted from: Natural causes [7]. Accident [7].	Suicide , Homi	icide,	Undetermined m	anner		
3	1 1 1 1 1 1 1 N	CHIEF MEE	DICAL EXAMINER				
1	ACTUAL Gustave Hanberley	M.D. ASSISTAN	T MEDICAL EXAM	MINER		DATE SIG	NED
1	EXAMINER'S		EDICAL EXAMINE	R-P			
1	NAME (Type)	Address (S	Streat, city, town,	or county) 1/	14/61		
Î	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY		CATION (City, town,	, or country)	(State)
	Burial 17th Jan. 61 Larraine F	ark Cemete	TY B	altimore, ISTRAR 246. REG	Maryl	and	
		24	a. TREC'D BY REG	ISTRAR 246. REG			
1	Denglion Glen Burnie,	MO. DA	TE JAN 18	OI Ch	illus S. Kro		
100							

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executed within 24 hours ofter deoth. Page

o. STATE Maryland

d. STREET ADDRESS

Unknown

Last

Peters

B. DATE OF BIRTH

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

yrs

mos . 7 days

Middle

DIVORCED [

Anne Arundel

Day

Days

arthur & Kraus

26

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

Hours

(Stote)

e. IS RESIDENCE ON A FARM?

YES NO P

Year

1967

Min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In years

4. DATE

DATEJAN 3 0 '61

OF DEATH

b. COUNTY

Month

Months

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cremotion, or removal, and in any event, within 72 haurs after death.	(
cremotion, o	
or to buriol,	
rd of Health prior to bu	
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the funeral director, should be filed with completely filled puo OR ATTENDING PHYSICIAN: The low requires that the death certificate be ed by the hospital or attending physician.

RECTOR: After this certificate has been signed by the attending physician or 10 VR A15 (4)

15M 9/59

100	 USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) 	10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		,
1	Unknown		Unknown		
	WAS DECEASED EVER IN U. S. ARMED FORCES, no of unknown) If yes, give wer or dates of ser		Hospital Recor	de MARGAdre	Sulle und
	18. CAUSE OF DEATH [Enter only one cou	se per line for (o), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Uremia		10 == 2401	NAME OF TAXABLE PARTY O
	443 X DUE TO	Hemontonaire (landi arragani an Dia		
	Canditions, if any, which (b)_gave rise to immediate	nyper censive c	Cardiovascular Dis	ease	
	couse (o), stoting the under-				
z	lying cause lost. (c).	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPS
CATIO				DISEASE CONDITION ONE	PERFORMED?
CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I	or Part II of item.18.)	
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. 19	20d. INJURY OCCURRED 20e While Not while of work of work	PLACE OF INJURY (Home, form, factory, street, affice bldg, etc.)	H. (City or tawn)	(County) (State
	21. I certify that (1) (this haspital)	attended the deceased fra	m Nov. 12 19.57	, to Jan. 26	19_61 that (1) (we) la
	saw the deceased alive an Jar	1. 26 1961, and the	at death accurred at 5:00,	fram the causes and	I an the date stated above
	22a. SIGNATURE	1,1.	AM		22b. DATE
	Melle	W	M.D. PHYS DIRECT	OR M PHYS.	1/26/61
	22c. PHYSICIAN'S NAME (Type) L. Benedi	et, M.D.	22d. ADDRESS Crownsville	State Hospi	tal, Maryland
23	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETER	121	LOCATION (City, town, or	r county) (State)
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS . 1	250. REC'D BY	REGISTRAR 25b. REGIST	TRAR'S SIGNATURE

143

Anne Arundel

d. NAME OF HOSPITAL (If not in hospital, give street address)

Crownsville State Hospital

Negro

First

Daniel

6. COLOR OR RACE 7. MARRIED X NEVER MARRIED

WIDOWED |

b. CITY OR TOWN (If outside corporate limits, write

Crownsvi

RURAL and give nearest town

PLACE OF DEATH

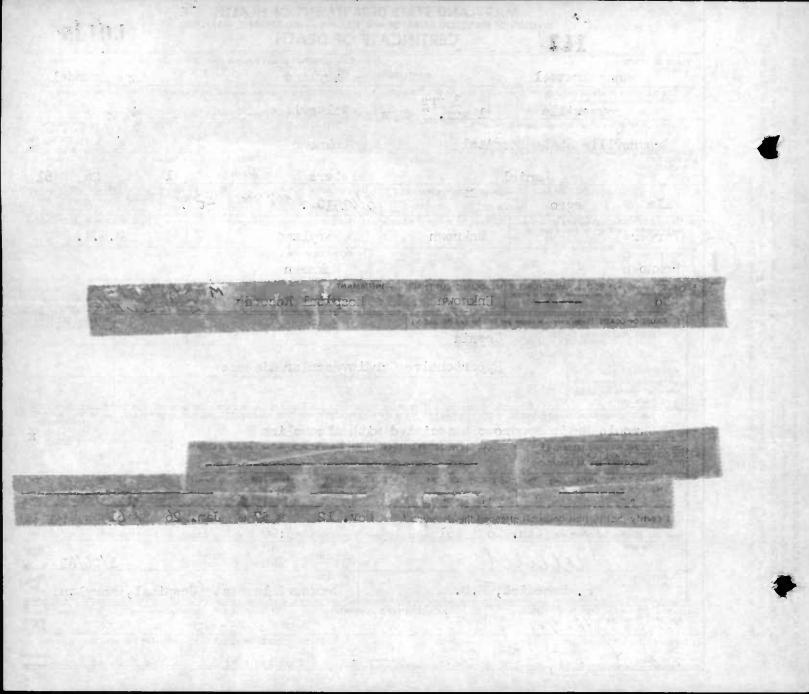
OR INSTITUTION

NAME OF DECEASED

5. SEX

(Type or print)

Male



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The second section is					
		70-70-11		Bursellin Late	
		La transfer A.			
				VIND	
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	Little (Listeria) Si				
		Latin Line		and all property (but	re no Sas
lower land					
			transfer and		BANK TOOK

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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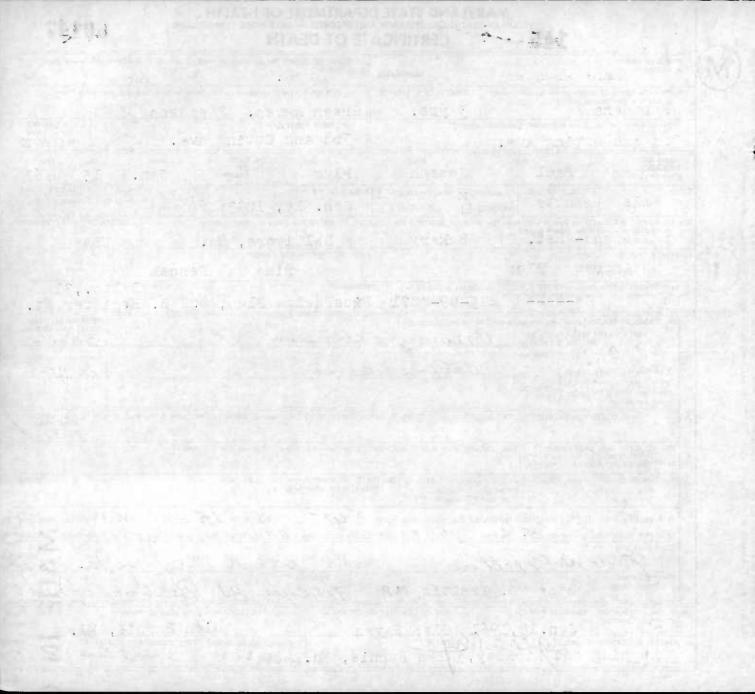
the funeral director, 2 shauld be filed with may be the last the haspital ar attending physician.

5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard of Health priar to burial, crematian, or remaval, and in any event within 72 haurs after death.

		730	CERTIFICA		OI DEAIII					
	PLACE OF DEATH	ne arundel	MARYLAND		USUAL RESIDENCE (Who	ere deceased	lived. If institution b. COUNTY	AA	before odn	nission)
	b. CITY OR TOWN (I RURAL ond give no Pasaden	f outside corporate limits, wri carest tawn) A	c. LENGTH OF STAY IN 16	G	c. CITY OR TOWN (If or reen Have		ote limits, write RI asadena	20	ve nearest to	own)
Sec. 17	OR INSTITUTION	AL (If not in hospital, give str Outing Ave.	eet address)		d. street address 3rd and 0			1	10	RESIDENCE I A FARM?
3.	NAME OF DECEASED (Type or print)	Paul First	Joseph		Plum	4. DATE OF DEATH	Mon. Ja	th an.	Doy 15	Year 1961
5.	Male	White	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. D	Jan. 15,	1893	AGE (In years last birthday) yrs.	Months D	YEAR IF UN Days Hou	
100	during most of world Se. Te sma	ON (Give kind of work dane ting life, even if retired) Ret.	06. KIND OF BUSINESS OR INDI Bakery	JSTRY	Baltimo:				USA	T COUNTRY?
13.	FATHER'S NAME Ana	rew Plum		1.	. MOTHER'S MAIDEN N		Pencek			
15. (Ye	WAS DECEASED EVE		16. SOCIAL SECURITY NO. 17. 215-09-2271		MANT SSThelma		Addr	· Bal		
Apr. 2007		mmediate DUE TO	crime for (o), (b), and (c).] Cononary Conteriors	Ce	clusion					BETWEEN ND DEATH
CERTIFICATION	20a. ACCIDENT WA		ns <u>contributing to death</u> bu Describe how injury occurr					'EN IN PART	1(a) 19. WA PER YES	REORMED?
MEDICAL (Y Manth, Doy, Yeor 20			OF INJURY (Hame, form, street, office bldg., etc.		or town)	(Co	ounty)	(State)
		ce A. Tree	ended the deceased from 1961, and that the Trettin, M.D.		ATTENDING + ME	M, fram t				
	Burial, CREMATIC REMOVAL (Specify)	Jan.18,1				G	1	or county) rnie, strar's sigi	Md.	Stote)
24.	Hoppin		ey, Glen Bur	nie		N 1 7 '61		thun 8. 1	10	

TO FUNERAL TO HOSPITA VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

146

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V 1						
)	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decreased lived. If institution: Besidence of STATE) O. STATE O. STATE O. STATE O. STATE O. COUNTY	te befare admission)				
	b CTY OR TOWN (If autside carporate limits) write c. LENGTH OF STAY IN 1b CTTY OR TOWN (If butside carporate limits, write RURAL and give negrest town)	ive nearest town)				
/	d. NAME OF HOSPITAL UF porter hospital, give street orderest) OR INSTITUTION OF THE THOUGHT HOSPITAL UF PORTER TO THE PORTER T	e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Middle Auction Auction (Type or print) Middle Auction (Type or print)	Day Year 1961				
	Male Cal WIDOWED DIVORCED 4-2-1888 Total birthdoy) Wonths	1 YEAR IF UNDER 24 HRS. Days Hours Min.				
	(dyfinf) most of working the, even if retired) Monyland U	ZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME HENRY QUEEN 14. MOTHER'S MAIDEN NAME UNKNO	non				
	15. WAS DECEASED EVER IN U. S. ARMED FORCEST (6/SOCIAL SECURITY NO. 17. INFORMANT) Address (Yes. no.5-07) (18 yes. give wor or dates of service) Address Address	Wash St				
9	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Coronary thrombosis	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which) DUE TO Hypertensive cardiovascular disease (b)					
	gove rise to immediate cause (a), stating the underlying cause last. DUE TO Generalized arteriosclerosis					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO				
	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.)					
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur a. m. While Not while p. m. 19 at wark of wark 19 at wark	County) (State)				
	21. I certify that (I) (this haspital) attended the deceased fram January 14 161, to January 15, 161					
	saw the deceased alive an January 15961, and that death accurred atM, from the causes and an the 220. SIGNARDS MED. STAFF M.D. PHYS. DIRECTOR DIRECTOR PHYS	Jan. 17, 196				
	22c. PHYSICIAN'S NAME (Type) Theodore H. Johnson, M. D. 22d. ADDRESS 37 Calvert Street, Annapolis,	Maryland				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or caunty)	wante				
	Tay Typeral pregtor's signature Adoress 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADORESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADORESS 250. REC'D BY REGISTRAR 256. REC'D BY REGISTRAR'S SIGNATURE ADORESS 250. REC'D BY RE	Trana				

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH

ARCH AND RECORDS — BALTIMORE 1, MARYLAND	00149
FICATE OF DEATH	00133

1/.7	CERTIFICAT	E OF DEATH				
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Md.	nere deceased lived. b.	If institution: R	esidence befor	re admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	Burnie (ond give ned ey Par	-
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION RELEASE NECK RO	oddress) ad	d. STREET ADDRESS 201 Ma	rley Nec		-	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Alonza	Little Re	inhardt	4. DATE OF DEATH	Month Jan.	Do 3	, 1961
S. SEX 6. COLOR OR RACE 7. MARI		June 15,	188 3 9. AGE last to 77	(In years IF U mo yrs.	nths Days	Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. during most af working life, even if retired) Paperhanger —Ret.	KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stote Maryla		1	2.CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME Louis Reinhardt		14. MOTHER'S MAIDEN N		rison		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		omant ohn D. Rei			n Burr	
Conditions, if ony, which gave rise to immediate cause (a), stating the under: Jying couse lost.	conary in					
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT N				N PART I(a) 1	9. WAS AUTOPSY PERFORMED? YES NO
	NJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm bry, street, affice bldg., etc	n, 20f. (City ar tawn		(County)	(Stote
21. I certify that (I) (this haspital) attends as the deceased alive an TAN 22a. SCHATTER AND	ded the deceased from 1961, and that deceased from M.D.	ath occurred at A	J3, to JA/ M, from the co ED. STAF RECTOR □ STAF PHYS	suses and a	n the date	stated abave. 22b. DATE SIGNED
230. BURIAL, CREMATION, 23b. DATE THEREOF BUREMONAL (Specify) 1/6/61	Cedar Hill	CREMATORY	23d. LOCATION (C	ity, town, or co	ounty) Md	(State)
24. FUNERAL DIRECTOR'S SIGNATURE Stub. Hopping and Virkley,	Gren Burnie,			25b. REGISTRA	R'S SIGNATU	

DEC. O. R. C. Teller Bell III E. S. I. E. B. Deck hour center 1 257

TO DEX. INEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, many please execute the certificate, writing the word "pending" in pencil in term 18. Give Pages 1, 2, and 3 to the mald director. Page To A should be forwarded to the Chief Medical Examiner's Office and with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boardet Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours efter death. VS. A15ME 5M 7/59

	Items 18-21 Film 280 MARYLAND STATE DEPARTMENT OF HEALTH								
	Division of STATISTICAL RESEARCH AND RECORDS,					,		ORE 1, MAR	YLAND
		- 1	148MEI	DICAL EX	AMINER'S	CERTIFICAT	TE OF DEATH	60	150
		PLACE OF DEATH	H			2. USUAL RESIDEN	CE (Where deceased lived,		ce before admission)
			me Arundel		MARYLAND	Mai	ryland	Anne A	rundel
X		b. CITY OR TOWN (i write RURAL end	if outside corporete lim I give neerest town)	its, c. LEN	IGTH OF STAY IN 16	X	If outside corporate limits, w		neerest town)
			lenton	lif not in bosoitel, six	· street address)	d. STREET ADDRESS	rbersville, L	aurel	. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) 1126 Annapolis Road				G. STREET ADDRESS			ON A FARM? YES NO	
		NAME OF DECEASED	First		Middle	Last	4. DATE Mo	nth Day	Yaar
		(Type or print)	SAM			RICHARDSON	DEATH Ja	nuary 16	
	5.			7. MARRIED NE	EVER MARRIED X	B. DATE OF BIRTH	9. AGE (In year lest birthdey	Months Devs	Hours Min.
1	10-	Male	Colored ION (Give kind of wor	WIDOWED [DIVORCED [.905 55 yrs.		
	doi	e during most of wo	orking life, even if retire	ed)	BUSINESS OR INDUST				OF WHAT COUNTRY?
		FATHER'S NAME		Pvt.	family	Prince Ge	o. Co. Md.	US.	A
7		Patrick Richardson					h Douglass		
15		WAS DECEASED EV	ER IN U.S. ARMED FO	RCES? 16. SOCIAL	SECURITY NO. 17	INFORMANT	A 1-1	Sis n	
	(10	s, no, or unkown) (I	ryesgive weror detesor:	service)	I I	540 10th.	St. N.W. W	son D.C.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH								
9	IMMEDIATE CAUSE (6) Extensive 2nd and 3rd Degree Body Burns								
		916.6 DUE TO							
V	Conditions, if any, which gever rise to immediate ceuse								
A		(a), stating tha u cause lest.							
	Z								
	ATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? Acute alcoholism 20b. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH. 20b. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH.							
	RTIFIC	20e. EXTERNAL CA	AUSE WAS	20b. DESCRIBE HOW	INJURY OCCURED.	Enler nature of injury In Par	t I or Part II of item 18.)		
		CAUSE OF DEATH.			n Pump Hor				
2	MEDICAL	20c. TIME OF INJU	JRY Month, Day, Ye		While 200. PL/	ACE OF INJURY (Home, farm tory, street, office bldg., etc	n, 20f. (City or town)	(County)	(Stata)
X.	ME	2:45 p.m.	1/16/6119	1	-	House	iOdenton	A. A.	Md.
					/ -	eld an Autopsy X.	Inspection, Inqu		in my opinion
		death resulted t	from: Natural c	auses [], Acc	ident X, Suid	ide , Homicide	Undetermined	manner	
		ACTUAL	Ola.	0.05 +	7	ASSISTANT MED	ICAL EXAMINER	r	DATE SIGNED
		SIGNATURE	Chee	W 2. 12	7	DEPUTY MEDICA		1	/17/61
		NAME (Type)		es S. Peti			city, town, or county)		
	_	BURIAL, CREMATIC REMOVAL (Specify			AME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, to		(State)
	B	urial	1-28-6		odlawn DRESS	1 24= 050	Washingto		IDE
	竹儿	STAND F		ome ^	UKE33			Inthun S. Kra	
	T	631 Drui	G HILL A	100		DATE	IN 3 0 '61	www a. I von	

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Jack , See S. Nett, M.D.

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NEW MODEL

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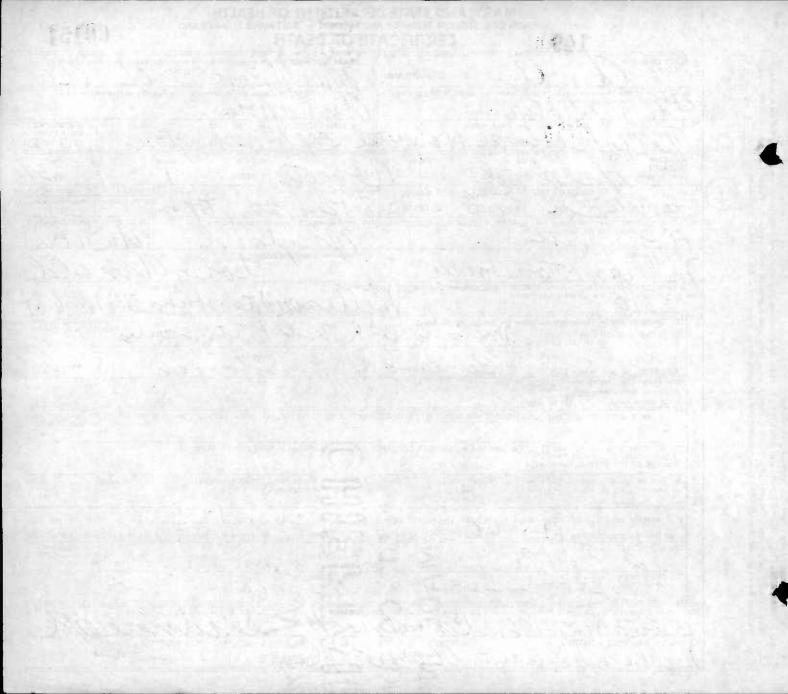
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00151

	149	CERTIFICA	ATE OF DEATH	00151
1	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whose deceased of a state of the stat	ived. If institution: Residence before admission) b. COUNTY
1	BURAL and give nearest town	e c. LENGTH OF STAY IN 16	ANNA OW	te limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If for in haspital, give street of Institution	al Hospi	STREET ADDRESS W. Wor	hington e. Is RESIDENCE ON A FARM? YES NO X
3	NAME OF DECEASED (Type or print)	A Middle	Poberto 4. DATE OF DEATH	Month Day Yeor 196/
1	Female Col wide	ARRIED NEVER MARRIED DOWN	8-12-1922	AGE (In years last inhagy) Months Days Hours Min.
1	la. USUAL OCCUPATION (Give kipd of work done 1) during most of working Tipe of en if retired) HUBLY STATER'S NAME	OB. KIND OF BUSINESS OR IND	14. MØTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
1	William Stans	benny 16. SOCIAL SECURITY NO. TE	20	la amold
-	(es, no, ocenhanding) (If yes, give war or dates of service)	V	Illiam Stan	stury, 59 Wash St
	18. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	petertile	- Q Volet Si	ONSET AND DEATH
	Conditions of dray which gove rise to immediate (b)	Corero	wa / Ston	rock 8 mas
	couse (o), stoting the <u>under.</u> lying couse lost. DUE TO (c)			
Crasica Car	PART II. OTHER SIGNIFICANT CONDITION			CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
			RED. (Enter nature of injury in Part I or Port I	
TA CHOINE	20c. TIME OF INJURY Manth, Doy, Year 20c. Hour a. m. 19 of 19		PLACE OF INJURY (Home, farm, 20f. (City catory, street, office bldg., etc.)	r town) (County) (Stote)
	21. 1 certify that (I) (this hospital) atte	1.11		ne causes and an the date stated abave.
	220. SIGNATURE		M.D. ATTENDING MED. DIRECTOR D	STAFF / - (- (- / SIGNED
	22c. PHYSICIAN'S NAME (Type)	LLEN	22d. ADDRESS Calls	
	Bemoval (Specify) 1-7-196	23c. NAME OF CEMETERY Brade	neck DR	ON (City, twn, or county) (State)
2	FUNERAL DIRECTOR'S SIGNATURE PLESS	ADDRESS IN	CANCEDATE AN 9 '61	25b. REGISTRAR'S SIGNATURE

may be the by the haspital ar attending physician.

TO FUNER of DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITA VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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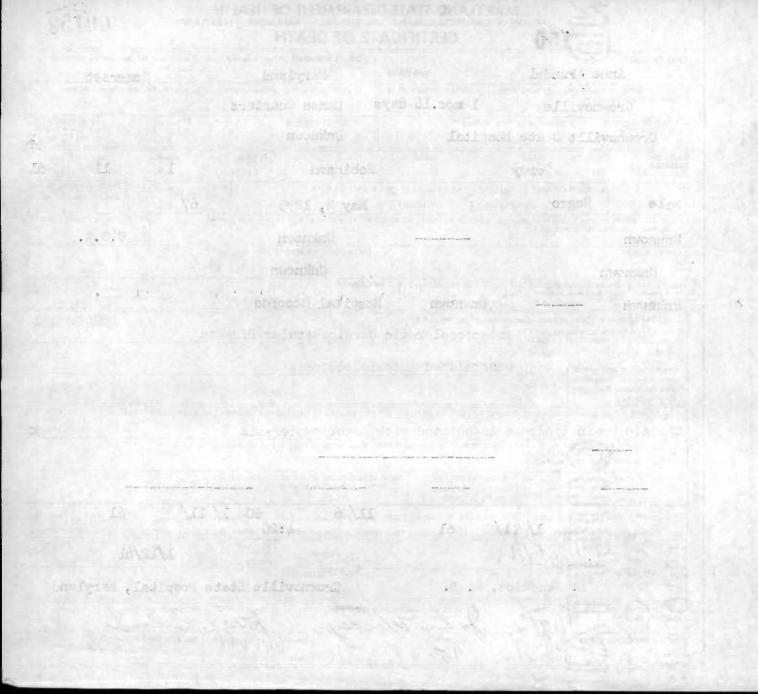
the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the action continuous and completely filled may be the bay the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban popers. Pages 1 the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

TO HOSPITAL

1. PLACE OF DEATH o. COUNTY	nne Arundel	•	MARYL		USUAL RESIDENCE (o. STATE Maryl		ed lived. If instituti b. COUNTY		
b. CITY OR TOWN RURAL and give	(If outside corporate liminearest town) ownsville	its, write	1 mos.16		Dames Q			RURAL ond gi	ve nearest town)
d. NAME OF HOSP OR INSTITUTION Crown	SVILLE Stat	e Hos	pital		d. street address Unknown		19	X -3	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Gor		Middle	Re	obinson	4. DATE OF DEATH	Mar 1	1th	11 19 61
5. SEX Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		May 2, 189	3	9. AGE (In years lost birthday) 67 yrs.	Manths [YEAR IF UNDER 24 HR Days Haurs Min.
10a. USUAL OCCUPAT during most of wo Unknown 13. FATHER'S NAME	ION (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS OR		Unknow 4. MOTHER'S MAIDE	n	cauntry)		S.A.
Unkno	um				Unkno				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO		****	Add	ress	110133
(Yes, no. or unknown) Unknown	(If yes, give war or dates of :	service)	Unknown	Но	spital Rec	ords			
1B. CAUSE OF DE	ATH [Enter anly and co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		eriosclerot				ease		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to cause (o), stoting lying couse lost	the <u>under-</u> DUE TO	Gen	eralized Ar			RMINAL DISEA	SE CONDITION GI	VEN IN PART	1(o) 19. WAS AUTOPS' PERFORMED?
20a. ACCIDENT W	Brain Syndr (AS UNDERLYING D G D CAUSE OF DEATH Y MEDICAL EXAMINER)		ssociated w				art II of item 1B.)		YES NO
20c. TIME OF INJU	RY Month, Day, Ye	20d. It While at work	ttor white		OF INJURY (Home, for street office bldg.,		ty or tawn)	(Co	ounty) (Stot
21. I certify th saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Allulu	M	ed the deceased f	ram 1: hat dea M.C	ATTENDING PHYS.	PM MED. DIRECTOR	STAFF 1	12/61	that (I) (we) la date stated abave 22b. DATE SIGNE
23a. BURIAL, CREMATI REMOVAL (Specif			Jahn U	TERY OR C			ATION (City, town,		(Stote)
24. FUNERAL DIRECTO	R'S SIGNATURE	?lys	ADDRESS 1808	mo	25a. R	JAN 1 8	STRAR 25b. REG	ISTRAR'S SIGI	NATURE Thank



151

MA	RYLAND	STATE I	DEPART	IMENT	OF HE	ALTH
IVISION OF	STATISTICAL	RESEARCH .	AND RECO	ORDS — B	ALTIMORE	1, MARYLAND
	CE	RTIFICA	ATE O	F DEA	TH	

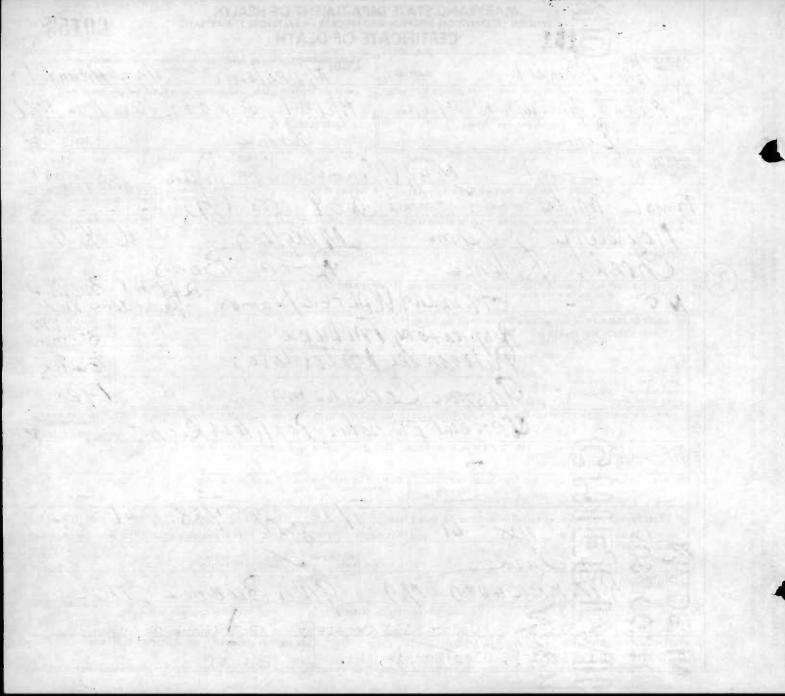
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100	_	adia W alla		
1		COUNTY HAN ARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE ARAGEIN) b. COUNTY HAN	ARunde /
,	ь	RURAL AND STAY IN 16 RURAL AND	c. CITY OR TOWN (If outside corporate limits, write RURAL and give X HACE # Bro 222 / 250	. Lo MA
	C	1. NAME OF HOSPITALIF not in hospital, give street oddress) OR INSTITUTION Samu	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF PECEASED Type or print) ETHE Middle A A A A A A A A A A A A A	Seaman 4. DATE Month OF DEATH	Day Year 28 1961
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NO DIVORCED DIVORCED DIVORCED	A C C C L Lawyer and Company	YEAR IF UNDER 24 HRS. Days Haurs Min.
	10a.	USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRIES OF WORKING life, even if retired)	STRY 11. BIRTHPLACE (State of fareign country) 12. CITIZE	EN OF WHAT COUNTRY?
1	13.	hocks lilence	MOTTA BOWD	
)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN 17 IN 18 OF THE PROPERTY OF THE PROPERT	ALTER Leaman Drived	no had
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	FAILURE	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which) DUE TO PULLATOWARY	Metastases	Coules
		gave rise to immediate cause (a), stating the under- lying cause last. DUE TO GOSTRIO COI	rcino ma	1922
)	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PETERS II. OTHER SIGNIFICANT CONDITIONS TO DEATH BUT	not related to the terminal disease condition given in part to blus, for the all Right	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	1	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injuri∮ in Part I ar Port II af item 18.∫	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Maur o. m. 19 20d. INJURY OCCURRED for the p. m. 19 20e. PL	ACE OF INJURY (Home, farm, 20f. (City ar town) (Cactory, street, affice bldg., etc.)	unty) (State)
		21. I certify that (I) (this hospital) aftended the deceased fromsaw the deceased alive on	leath occurred 124 M, from the causes and on the	, that (I) (we) lost
,		220. SIGNATURE	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
		PHYSICIAN'S NAME (Type) A. N. PRICHARD M.)	22d. ADDRESS/ Buenie, Y	nd
	23a.	BURIAL CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OF BURIAL 1/31/61, Cedar Hill	R CREMATORY 23d. LOCATION (City, town, or county) Cemetery Baltimore 25 M	(State)
	9.0	opping and Kinkley, Glen Burnie,	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be used by the haspital ar ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the properties of the formula director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 July 2 should be filled with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59



POR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed certificate, writing the word "pending" in pending is less. 3. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be religious for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5 Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE	DEPARTMENT	OF HEALTH-E	BALTIMORE, 18
MEDICAL EX	AMINER'S CI	ERTIFICATE O	OF DEATH

CC154
Reg. Dist. No.

I. PLACE OF DEATH	e Arundel		MARYLAND	2. USUAL RESIDENCE		sed lived. If institu b. COUNT	1 -		ission)
b. CITY OR TOWN	It outside corporale limits, writ-	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	Same	porote limits, write	Same RURAL and a		ewn)
Millersvil			3/12	Same	~				
		If not in hose	pital, give street address)	d. STREET ADDRES	5			le IS R	RESIDENCE
90 Linda	Lane			Same	1			ON	A FARM?
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Month		Doy	Yeor
(Type or print)	George		A.	Shaw	DEATH	Jan J	1961	L 1	19
5. SEX	6. COLOR OR RACE	7. MARRIE	76	DATE OF BIRTH		9. AGE (in years feet birthday)		YEAR IF UND	DER 24 HRS. Min.
100. USUAL OCCUPATI	ON (Give kind of work		IND OF BUSINESS OR INDUST	RY ILL RIPTHPLACE IS	nte or foreign c	65 yrs.	12 CITIZE	N OF WHAT	COUNTRY
doring most of works	ng me, even in venies;	1		Presque I	3/6	oomity)			COUNTRI
Retired Fa	rmer	10	it ming	Limectione	, Maine		1	USA	
13. FATHER'S NAME	01			14. MOTHER'S MAIDE	N NAME	2 /			
	ree Sh	aw.	*	- E	Vora, 1	Toach		100	
15. WAS DECEASED ET	VER IN U. S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY NO. 17. M	NFORMANT		Address			
NO			06-07-5211 M	a jor James	McMan	us (Son-)	n-Law)	
18. CAUSE OF DEA	ATH [Enter only one can	se per line f	for (o), (b), and (c).]					INTERVAL BETWO	EEN
PART I. DEA	TH WAS CAUSED BY:	Core	onary Occlusion	n				Sudder	
LAN	DUE TO	204	onar a Occarabito					Duzuci	
Conditions, if									
gave rise to imme	diate cause								
(o), stating the							WAT 9		
	HER SIGNIFICANT CON		NITRIDITING TO DEATH OUT A	OT BELATED TO THE TE	DANNIA DICEAC	COMPUTANT ON	51.01.01.07.3		
9	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT N	OF RELATED TO THE TE	KWHYAL DISEAS	E CONDITION GIV	EN IN PAKI I	PERFC	DRMED?
3								YES 🗌	но 🗆
PART II. OT	USE WAS ENTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in l	Part I or Part II	of item 18.)			
20c. TIME OF INJU	JRY Month, Doy, Yes	20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, f	orm, 20f. (City	or town)	(Count	y)	(Stote)
Hour a.m.		While	Not while tacte	ory, street, office bldg.,	etc.)				
			emoins described abo	ve, held an Auto	psy [], li	nspection T ,	Inquiry	(X), an	nd in my
opinion death	resulted from: I	Natural c	auses 🔼 Accident [, Suicide ,	Homicide	, Undete	rmined mo	onner 🔲	
1		5	. 0 .						
SIGNATURE	istor K	tou	herall	M.D. CHIEF MEDICAL	EXAMINER [DATE :	SIGNED
0.011.19.00			,	ASSISTANT MED	DICAL EXAMINE	R			
EXAMINER'S NAME (Type)	GUSTAVE H.	FAUBE	RT MD	DEPUTY MEDICA	AL EXAMINER	1/19	9/61		
220. BURIAL, CREMATION REMOVAL (Specify	1 - +6 -)	22c. NAME OF CEMETERY OR ST-Louis Cath	Ch. Cem.	1 -	TION (City, lown, e	r county)	(Stot	•}
23. FUNERAL DISECTO		- 1	ADDRESS		EC'D BY REGIST		TRAR'S SIGN	ATURE	
- fry Ding	leton x	5/07	Tournie, Ma	1-vland	4				
			J	DATE	JAN 24	'61 <u>L</u>	Inthony of	Kreek	

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FOR STATE

TO DEPU. IMEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the it if director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MEDICAL EXAMINER'S CERTIFICATE OF DEATH 153

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residen	ca before admission)
Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne	Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	naarest town)
West River	Mest River	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		a. IS RESIDENCE ON A FARM?
Shadyside Road	Shadyside Road	YES NOW
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day	Year
(Type or print) WILLIAM WOLFORD 5. SEX 6. COLOR OR RACE 7. MARRIED TO MINUTE THE PRINTS TO MARRIED TO	SHINNICK DEATH January 2'	7 19 61
Mola White	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Days	IF UNDER 24 HRS.
WIDOWED DIVORCED	MARCH 17,1893 67 yrs.	
10a. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, aven if retirad)	RY 11. BIRTHPLACE (State or foreign country)	F WHAT COUNTRY?
DIEMAKER PAPER BOX INDUSTRE		SA
13. FATHER'S NAME ARMSRY SHININIC. A.	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Marlly your Estered ge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyasgivawarordalasofservice)	INFORMANT Address	Pain MA
183-01-3290	MINNAL SHINNICK CHAIK	10INI 100
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	10	SET AND DEATH
IMMEDIATE CAUSE (a) Myocardial Infare	etion	
	tic Cardiovascular Disease.	
Conditions, if any, which (b)		
(a), stating the underlying DUE TO		
causa last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OV BED ATTER YO YILE YERMINIAL DISCASS COMPLICION CHAPTER AND A STATE OF THE COMPLETE OF THE C	0 1445 414
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED?
The process of the pr		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	(Enter natura of injury in Part I or Part II of Itam 18.)	
	ACE OF INJURY (Home, farm, † 20f. (City or town) (County)	15
Hour s.m. While Not While fac	ACE OF INJURY (Homa, farm, 20f. (City or town) (County)	(State)
21. I certify that I took charge of the remains described above, h		in my opinion
death resulted from: Natural causes X, Accident , Suid	cide, Homicide, Undetermined manner	
0111	CHIEF MEDICAL EXAMINER	
SIGNATURE Charles J. litty.	M.D.	ATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	1/28/61
NAME (Type) Charles S. Petty, M.D.	Addrass (Streat, city, town, or county) R CREMATORY 22d. LOCATION (City, town, or country)	(Stata)
REMOVAL (Specify) 1. 3/19/1 PARK	0	0 1 0
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATI	MO
TALLAND TO CO ON INDIVIDUAL	O FEB 1 '61 Outling & Han	
1 A HANCESLY SON Garefulle IN	DATE DATE	

THE PART OF THE PROPERTY OF THE PARTY OF THE DATE SO STADITURES PERMINORS SERVICES SEE Laberra's bonne besterna. Tay to Annual There's dealer. is also in the supposed and a minimum a feet and the second second rich out the fathers . Addition of the contest of the contest of

154

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00082

1.	PLACE OF DEATH a. COUNTY	nne Arundel		MARY		a. STATE	DENCE (Who		d lived. If institut b. COUNT			1 -	sion)
	RURAL and give ne			ENGTH OF STAY	IN 1b	4	TOWN (If a		orate limits, write	RURAL and	give nea	rest tawr	n)
A	OR INSTITUTION	AL (If not in hospital, given the control of the co	e street addre			d. STREET		- паг	wood			ON A	FARM?
3.	NAME OF DECEASED (Type ar print)	First		Middle		Lo		4. DATE OF DEATH		on th	Day		Year
	sex emale	nr .	7. MARRIED	NEVER MARRIE	/	SIMP DATE OF BIRT	100	16	9. AGE (In years last birthday) 54 yrs	IF UNDER	R 1 YEAR Days	_	19 61 ER 24 HRS Min.
13.	FATHER'S NAME UN KN	be the state of	To bo	scco Fa	vmeh	Mail Mother's	rylan	IAME		dress		.S.	COUNTRY
CATION	Canditions, if an gave rise to in cause (a), stating t lying cause last.	mediate (7 dy	verler ever ?	sus	en long	ou the TERMIN	Very NAL DISEAS	Toul	J Liven IN PA	ONS (ET AND	AUTOPSY ORMED?
CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	0b. DESCRIBE	HOW INJURY O	CCURRED. (Enter nature o	of injury in P	Part I ar Par	t II af item 18.)			YES 🔲	NO
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year		Y OCCURRED Nat while at wark	20e. PLACI factor	OF INJURY y, street, affic	Hame, farm, e bldg., etc.	, 20f. (City	y ar tawn)		(Caunty)		(State
		(I) (this hespital)				ATTENDIN	d at 4:00 G _ ME	M, fram				stated	
000	22c. PHYSICIAN'S NAME (Type)	A. T. Alle							t., Anna			•	
L	BURIRC	1 = 14 = E	230	Cheus	Ch	RPC/		Wes	TION (City, town,	r, V	nd	(Stat	te)
24.	FUNERAL DIRECTOR'S	SIGNATURE SOL	Ga	lanvello	M	1	25a. REC'I	B 7		lithur 2	B. Kra	E AA	

TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be, thined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler, by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbom pages. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

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VS. A15ME 5M 2/57 THAT IN STADISHED SUBMINANCE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3	MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH	CO
· U				Bow D'st Ma

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					ms H . Y .		11186	1-10	- D-1 O T-				
•		LACE OF DEATH			1	,	2. USUAL RES	IDENCE (Where	deceased lived	. If instituti	on: Residence bef	ore odmi	ssion)
	0	. COUNTY	NE AK	UNde	26 1	MARYLAND	O. STATE	4M24/6	pul	. COUNTY	HUNE A	min.	del
1	b.	. CITY OR TOWN H	outside corporate limits,		c. LENGTH OF	STAY IN 16	c. CITY OR	TOWN (If outsi	de corporate li	mits, write R	URAL and give n	eorest to	wn)
	1	TUNA D	/ -	yx.			Auch	spoli.	e -		10		
	d	I. NAME OF HOSPITA			pitot give street o	oldens)	d STREET	MOPESS.	2		10	la 15 68	ESIDENCE
	1	1	/ /			/	Rodella	2 h./	7 441	1	1. 1. 10	ON	A FARM?
	K		CONCO.	7cu	ex =		100X42	2-R+2	ONIM	NNR	ops-Kd	YES	NO
		NAME OF DECEASED	>	First	Midd	lle	Lost	/ 0	ATE OF	Month	Doy	Y	eor
	(1	Type or print)	DAKK	1511	K	C	DAMEC	11/2 D	EATH		7	1	961
1	5. 51	EX	6. COLOR OR RAC	E 7. MARRIE	D NEVER MA	RRIED 8	DATE OF BIRTH		9. AGE	eth doub	FUNDER TYEAR	IF UND	ER 24 HRS.
	15%	AI.	C	WIDOWED	DIVOR	CED	Dec. 2'	7. 1959	1	yrs.	Months Days	Hours	Min.
47	10a.	USUAL OCCUPATIO	ON (Give kind of wa	rk done 10b. Kl	IND OF BUSINES	S OR INDUST		ACE (State or fo	reign country)		12. CITIZEN OF	WHAT	COUNTRY
	di	luring most of workin	ig life, even if relire	d)			D 2		14 1		TT C	Λ	
	13	FATHER'S NAME	1./	9		. /	1	MAIDEN NAME	Maryl	and	0.5	· AL ·	
У	10.	Soland	WX	1 Frame	15 Dill	On.	2///	10 MS		MM	onla!		
	4	PVVYU		to rrive	10000		(Clay)	100		Cle	0000		
4	1701,	WAS DECEASED EVI	If yes, give war or dates	FORCES? 16. S	OCIAL SECURITY	NO. 17.	NFORMANT	110		Address	, ,01	/	
							To my	W.	XIN	mar	week		
		18. CAUSE OF DEAT	TH [Enter only one	couse per line f	or (o), (b), and (c	1.1					INTER	VAL BETWE	EN
H		PART I. DEAT	TH WAS CAUSED BY		-310	de	mee.	Buch	-xe	1			URS.
		911	DUE 1										
Ų.		Conditions, if or	E VALLEY										
П		gave rise to immed	diale cause	(b)									
		(a), stating the u	underlying DUE 1	0									
2		cause last.	,	(c)									
	CERTIFICATION	PART II. OTH	HER SIGNIFICANT CO	ONDITIONS COL	NIRIBUTING TO	DEATH BUT F	NOT KELATED TO	THE TERMINAL	DISEASE COND	ITION GIVE	N IN PART 1(0)	PERFO	RMED?
)	3			**************							\	res 🗍	ио Д
Н	FIFE	20g. EXTERNAL CAL PRIMARY AT GF CON CAUSE OF DEATH.	JSE WAS	20b. DESCRIBE	HOW INJURY O	CCURRED. (inter nature of in	jury in Part I ar	Part II of item	18.)			
		CAUSE OF DEATH.		Vive	wahl	ome							
1	MEDICAL	20c. TIME OF INJUS	RY Month, Day,	Yeor 20d. It	NJURY OCCURRE	D 20e. PLA	CE OF INJURY (lome, form, 120	H. (City or town)	(County)		(State)
1	VED!	530 p.m.	1-11	196/ While	Not while		ory, street, office	blog., etc.)			4130	,	un
-	2					71		Autono. C	1	00	1700		1.
			not (Aaok chor				-			-	Inquiry		d in my
		opinion deoth	resulted from:	Notural co	auses [], A	Accident	X, Suicide	Hom	icide,	Undeter	mined monne	r 📙	
			6	/ //	0							DATE S	CALED
		SIGNATURE	- auch	kull			_M.D. CHIEF M	EDICAL EXAMIN	VER 🗍			DAIES	IONED
		4	-1	. /	11		ASSISTAL	NT MEDICAL EX	AMINER -	~			
-		EXAMINER'S NAME (Type)	E.LIN	hARU	7.		DEPUTY	MEDICAL EXAM	INENZ		1-7	-6	1
	220.	BURIAL, CREMATIO	N. 226 DATE THE	REOF	22c. NAME OF C	EMETERY OR	CREMATORY	22#	LOCATION (C	ity, town, or	county)	(State	,
		REMOVAL (Specify)	A Som	11/9/11	Cable	intol3	140	00	Lung 12	1 1	Intout.	11	4
	23	FUNERAL DIRECTOR	SUSNATURE	0	ADDRESS	The state of the s	1	240. REC'D TY	REGISTRAR	24b. REGIST	RAR'S SIGNATUR	E	6/1
1	1	France C	A. Ahr	went,	Ann	rport	(2)	JAN	0'61		un S. Keare	_	
3 6	1	, ville			- 477700	1		DATE					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execut.

Execut.

A should be seed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5. Baard of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME 5M 2/57

	SCENTIFICATE OF PEAT		and Revenue	
		owins.		
				William W
1	AND AND STREET		L. Been	
				9^
A SECURITION OF THE PERSON OF				
		THE WILLIAM ON		
ACK TO SERVICE	Marie Branches	Charles and A.		
				E ANTONIO
		Charles & Harris		
Track The Standard St.				
	Description of the state of the			
		-1/2		20 Linux
	Common discomplessors			Barr, MARK

FOR STATE HEALTH DEPT delay is necessary, hed for your files. TO DEP. If MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burish-transit permit. File pages 1 and 2 with the State Bag or its designated agent, prior to burish, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
e. COUNTY MARYLAND	6. STATE B. COUNTY A Q CQ .
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
write RURAL end give neerest town)	
d. NAME OF HOSPITALOR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
	ON A FARM?
FINE ARUNdal. GENERZLI	Bot 422-ll. 2-oll lings of the YES NO
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
(Type or print) HARY LOUISE DOWN	MERCY//2. DEATH / 8 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED DIVORCED	PRR 23 58 lest birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	Rollingra City Ma II S A
13. FATHER'S NAME	Baltimore City, Md. U.S.A.
Class III X and north a 18/1	A La Santa Santa Contraction of the santa Cont
Jim 11 , 20 minorque	Usanos adere
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Address Address
	form W Dommerville (station
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 1-2-3 rd degr	THE BURNE THE SHARE DEATH
DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate cause	
(a), steling the underlying DUE TO couse lest.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TAKI II. OTTEK SIGNIFICANI CONDINOIS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	YES NO
PRIMARY TO OF CONTRIBUTING	inter neture of injury in Pert I or Pert II of item 18.)
20e. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLA While Not While fect ### A Propriet State of Work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
8:300 p.m. 1-7 1961 et work et work	once A.A.Co MO
21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident K, Suici	
ACTUAL STATE	CHIEF MEDICAL EXAMINER
SIGNATURE O / funkacy!	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S E / . 6 - 5 - 14	DEPUTY MEDICAL EXAMINER
NAME (Type) L - L) D // A/CO/.	Address (Street, clty, town, or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	CREMATORY 27d, LOCATION (City, Jown, or country) (State)
Buriou Jon. 10 1961 Carpenles	The Tories station A.A.C.
23. FUNERAL DIRECTOR ADDRESS ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Amus Amajor	DANGAL 1 O 1C1
	JAN 161 Circles S. Kraue

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158 **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission filed a. COUNT b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF First Middle DATE Month Day Year DECEASED (Type or print) DEATH 196 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED WIDOWED-10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) Home Own ofter 13. FATHER'S NAME remave 72 haurs WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. m. Nat while at wark at wark 21. I certify that I ottended the deceased from 196 / that I lost saw the deceased and that death occurred at 500 _M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 0 PHYSICIAN'S NAME (Type) FUNE 22b. DATE THEREO! 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page Burial he Forestvi] Cemetery 01 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Circino S. Thous Bros.Fun'l Home-Upper Marlboro, 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate Imits, c. LENGTH OF STAY IN 16 c. CITY OR IOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town) a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give-streat address) ON A FARM? YES NO NAME OF DECEASED OF 1967 (Typa or print) DEATH 19 TARLETON Joseph January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months WIDOWED X USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S. Maryland Storekeeper Merchant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Dougherty Jerome 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yas give war or datas of sarvice 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (a) DUE TO gava risa to immadiate causa DUE TO (a), stating the undarlying Heart failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. PERFORMED? NO XX 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) Month, Day, Year factory, straat, offica bldg., atc.) Not Whila Hour a.m. at work at work 21. I certify that (I) (this hospite) attended the deceased from.....January......, 1958, to...Jan....19...., 19.61, that (I) (yes) last 22b. DATE 22a. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S NAME (Nope) 22d. ADDRESS John L. Hedeman Cathedral St., Annapolis, Md.

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

23d. JOCATION (City, town or county)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Circhay S. Kraus

DAYAN 25

(Stata)

deat and in by Pages pa paper carbon and physician гетоме please attending Then гетома the g physician. has the After this certificate etached for use as the prior the may be retaine DIRECTOR: plnoys O FUNERAL director,

funeral

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executed

death

VR A15 (4)

23a. BURIAL, CREMATION, 23b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

EMOVAL (Specify)

DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH 1. PLACE OF DEATH . COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Annapolis days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Anne Arundel General Hospital 3. NAME OF Middle DECEASED (Type or print) carbon 5. SEX and White Male WIDOWED | DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY dong during most of working life, even if retired) TGPONOMIST FATHER'S NAME please 2 attending pue WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFOR Then (Yes, no, or unknown) | (If yes give wer or detectof service) the 18. CAUSE OF DEATH (Enter only one couse per line for (e), è PART I. DEATH WAS CAUSED BY: PULMONARY EMBOLISM IMMEDIATE CAUSE (e) geve rise to immediate cause DUE TO (e), steting the underlying the certificate 8 0 ARCINOMA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Yaar Not While Hour e.m. et work saw the deceased alive on....... NAME (Type) Edward S. Beck 23e. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY MOVAL (Specify) 0.58 VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Anne Arundel c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) RURAL - Annapolis . IS RESIDENCE d. STREET ADDRESS ON A FARM? Rt-2. Box-347 YES NO Month Van DEATH 1961 TAYLOR January 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH lest birthday) Months Days Hours Nov. 8, 1899 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Maryland INTERVAL BETWEEN ONSET AND DEATH IMMEDMIE THROMBOPHLEBITIS RT. ILIAC UEIN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES XX NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.)19 G...., and that death occured at 2.AM, from the causes and on the date stated above. ATTENDING STAFF SIGNED DIRECTOR PHYS. /61 22d. ADDRESS Franklin St., Annapolis, Md. 23d. LOCATION (City, town or county) (Stata) 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE DATE JAN 3 0 '6

La sur out a sur a facilitation of Manager Lebourg South nationally along a long and a selection of the selection Seres (The Englances) A. Called ... Santage [Land Lillor. 8, 1899 there were the season account to the season account .0. DONN'T TAYLOR MARTHA BISHOP OPT-01-8695 EVALYER R. FAYNOR (2) BUSTON CONTRACT FOR JE 195 ME CONTRACTOR THE WALL STORE HE THERE SEEMS STORES CART WATER PARCETTES THE THE REPORT OF STREET A Principal Continue of the Principal Contin March . I deput ter in the second of the secon

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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101	GERTINIO,			
1. PLACE OF DEATH a. COUNTY	MARYLAND	a. STATE	b. COUNTY	nce befare admission)
ANNE ARUNDEL	,	ma.	H. 1	t. Co.
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	carporate limits, write RURAL and	give nearest tawn)
In thicum Hot	44445.	Linthicum Hots	Den BURNIE	X P.O.
d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
315 HAMMONDS Ferry &	Pord- North	315 HAMMON	ds Ferry Rd. M.	YES NO
NAME OF First	Middle	Last 4. D		Day Year 6/
(Type or print) Entella	M.	Tow son D	EATH Jan	1 1966
. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	
Female likite WIDOW	/ED DIVORCED	1.11201202	last birthday) Months	Days Haurs Min.
0a. USUAL OCCUPATION (Give kind of work done 10b		ISTRY 11. BIRTHPLACE (State or fore		IZEN OF WHAT COUNTRY?
during most of working life, even if retired)		6 11		151
HOUSE WIFE	un Home	14. MOTHER'S MAIDEN NAME	naryland	C1. J. H.
L FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1. 1.)
George Holkitt	en	Mary - 1	GRK NOWN)	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 Yes, no, or unknown) (If yes, give war or dates of service)	. SOCIAL SECURITY NO. 17.	NFORMANT /	Address	-4-1
	16-18-3807 m	rs. Ross No	rdon- Same	05 2
18. CAUSE OF DEATH [Enter only one cause per l				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	0.0			ONSET AND DEATH
	mesalujud Ca	ALLA Channel Cara		- Alla
DUE TO	0	0 0 0 10		
Canditians, if any, which gave rise to immediate (b)	encir omal	avera)	and linkum	
cause (a), stating the under-				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 80	T NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMED?
3				YES NO
	SCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in Part I	ar Part II af item 18.)	
G (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Day, Year 20d.	INJURY OCCURRED 20e. PI	ACE OF INJURY (Hame, farm, 20f	(City or town)	Caunty) (State)
Haur a. m. While	Nat while fo	ictary, street, affice bldg., etc.)		
p. m.	irk at wark		,	
21. I certify that (I) (this hospital) atten	ded the deceased fram.	Jan 27, 1960.	10 danuary 1, 196	.l_, that (1) five) last
saw the deceased alive an January	1961, and that	death accurred at ZpM, I	from the causes and an the	e date stated above
22a. SIGNATURE				22b, DATE
5 Hoderate Ahrs	Pen.	M.D. PHYS. MED. DIRECTO	OR PHYS.	Dunus 2 19
22c. PHYSICIAN'S	1	22d. ADDRESS		1
NAME (Type) F. Bodoniek	Shiphey MD	529 Cano	house Ry liviti	Lieu Med
O- BURNAL CREMATION ON DATE THEREOF			LOCATION ICIN I	71/1
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	DR CREMATORY 23d.	LOCATION (City, tawn, ar caunty)	(State)
Burial Dan 4-61	Loudon 7	ark Cemeter 1	salto	md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RECID 8Y	REGISTRAR 25b. REGISTRAR'S SI	GNATURE
Singleton Enneral Homa	- Glan Burn	ie and DATEJAN 5	161 071 0	L.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page may be it fined by the hospital or attending physician.

TO FUNERAY DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 2 should be filed with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

da. resulting countries to such a particular as the Displace of the countries of

the funeral director, should be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be the hold by the hospital or ottending physician.

TO FUNERAL SIRECTOR: After this certificate hos been signed by the attending physician and campletely filled page 3 shauld be detached for use as the buriol-transit permit. Then please resove carban papers. Pages 1 the State Board of Health priar to buriol, chemption, or remayol, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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Arundel utside corporate limit (I pwn) (If nat in haspital, gi le State	ve street o	c. LENGTH OF STAY IN 1 mos. 23 d.	ND 1b	usual RESIDENCE a. STATE Mary c. CITY OR TOWN	land	sed lived. If ins b. COU			re admiss	
(If not in hospital, gi	ve street o	1 mos.23 d								
le State	ve street o	ddress)		Baltimor		porate limits, wr	rite RURAL and	give ne	arest town	1)
		tal		d. STREET ADDRESS		eet				FARM?
Willi		Middle		Tripps	4. DATE OF DEAT	Н	Month 1	De	5	Yeor 19 61
. COLOR OR RACE Negro		NEVER MARRIED DIVORCED		ATE, OF BIRTH	893	9. AGE Up y	Months	_	Haurs	Min.
(Give kind of work of life, even if retired)	one 10b. I		NDUSTRY			country)	12.CI			OUNTRY
ipps		*4-1-	14							
					ords		Address			
WAS CAUSED BY: AMEDIATE CAUSE (o) DUE TO which hediate under- SIGNIFICANT CONI	Bitions	ron chopneum	H BUT NO	T RELATED TO THE TE	RMINAL DISE	ASE CONDITION	N GIVEN IN PA	(RT 1(o))	SET AND	DEATH
UNDERLYING								3	YES 🍱	NO [
I) (this haspital dalive on 1/3) Chickee Benedict	While of work pattend	Not while of work of the deceased from	am	h accurred at	MED. DIRECTOR E	1/5/ m the cause STAFF PHYS. ate Hos	Janus	61 the date	nat (I) (e stated 3, 15	abave b. DATE OF IGNE
	(Give kind of work do life, even if retired) Pipps N. U. S. ARMED FORKes, give wor or doles of see was caused BY: AMEDIATE CAUSE (e) Which hediote DUE TO SIGNIFICANT CONE Brain Syr UNDERLYING CAUSE OF DEATH LOCALE AMINER) Month, Day, Year 19 (I) (this haspital) I alive on	(Give kind of work done 10b. kg life, even if retired) N.U. S. ARMED FORCES? 16. Sees, give wor or doles of service) [Enter only one cause per line WAS CAUSED BY: MAEDIATE CAUSE (b) DUE TO which hediote of the company of the cause of DUE TO SIGNIFICANT CONDITIONS CONDIT	(Give kind af work done of life, even if retired) N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Unknown [Enter only one cause per line for (o), (b), and (c).] WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Which Notice of the contribution of Death Brain Syndrome associated UNDERLYING 19 19 10 11 12 12 13 14 15 16. SOCIAL SECURITY NO. Unknown Unknown 16 Unknown 17 Unknown 18 Bronchopneum 19 CONTRIBUTING TO DEATH Brain Syndrome associated UNDERLYING 19 10 11 11 12 13 14 15 16 16 17 17 18 18 19 19 19 19 10 11 11 12 12 13 14 15 16 16 17 17 18 18 18 18 18 18 18 18	(Give kind af work done of life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Unknown 1. Can be done of service of Unknown 1. Can be done	(Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY 11. BITTHPLACE (SI MARY) 11. BITTHPLACE (SI MARY) 12. BITTHPLACE (SI MARY) 13. MARY 18. BITTHPLACE (SI MARY) 14. MOTHER'S MAIDE Francis N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records of service Unknown Hospital Records (Si Mary) 15. INFORMANT Hospital Records (Si Mary) 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records (Si Mary) 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records (Si Mary) 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records (Si Mary) 17. INFORMANT Hospital Records (Si Mary) 17. INFORMANT Hospital Records (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (Si Mary) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (SI MARY) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (SI MARY) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (SI MARY) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (SI MARY) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (SI MARY) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (SI MARY) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (SI MARY) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (SI MARY) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS (SI MARY) 18. SOCIAL SECURITY NO. 17. INFORMANT HOSPI	Company Comp	(Give kind af work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BITHPLACE (State or foreign country) Maryland 10b. KIND OF BUSINESS OR INDUSTRY 11. BUTHPLACE (State or foreign country) Maryland 12. MOTHER'S MAIDEN NAME Francis J. ? 14. MOTHER'S MAIDEN NAME Francis J. ? 17. INFORMANT Hospital Records 17. INFORMANT Hospital Records 18. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records 18. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 19.	Colive kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CI 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. Trancis J. 7. 15. 16. SOCIAL SECURITY NO. 17. INFORMANT 18. 16. SOCIAL SECURITY NO. 17. INFORMANT 18.	(Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BitTHPIACE (State or foreign country) Indicated the country of	(Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SITHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. SITHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. MOTHER'S MAIDEN NAME Francis J. ? N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records 18. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records 18. SOCIAL SECURITY NO. 18.

ADDRESS 13-18 New Commence

25a. REC'D BY REGISTRAR

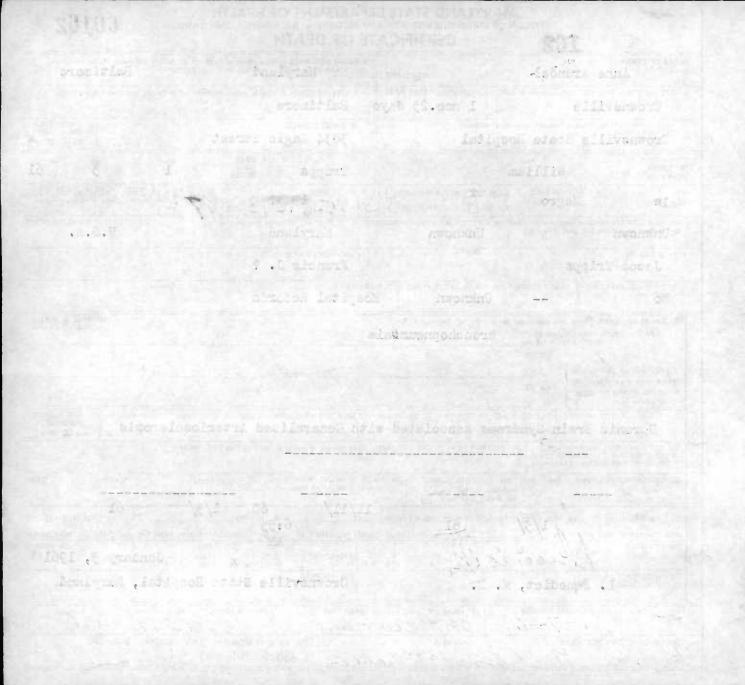
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25b. REGISTRAR'S SIGNATURE

Chilung & thouse

VR A15 (4) 1SM 9/59 24. FUNERAL DIRECTOR'S SIGNATURE



VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

163

00163

)	1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary.		red. If institution b. COUNTY		ore odmission) e Arundel
	Grownsville 5 mos-	stay in 1b ears 9 days	c. CITY OR TOWN (IF Annapoli		limits, write RI	JRAL and give no	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS			1	e. IS RESIDENCE ON A FARM?
0	Crownsville State Hospital		Camp Par	7			YES NO
w	(Type or print) Mary	Aiddle	Tyler	4. DATE OF DEATH	1		3 1961
	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER A WIDOWED DIV	AARRIED	1-3 1899	9.	ACT (In years thdoy) yrs.	Manths Days	R IF UNDER 24 HRS. Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Domestic Unknown	ESS OR INDUS	TRY 11. BIRTHPLACE (State		A)		S. A
	13. FATHER'S NAME		14. MOTHER'S MAIDEN				
1	Unknown		Unknow	n			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [(If yes, give wor or dates of service)] [Yes, give wor or dates of service]	Y NO. 17. IN	FORMANT		Addr	ess	
	No Unknown		Hospital Re	ecords			
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), or	d (c).]				IN.	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanitio	n & Del	nydration				ISET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying couse last. DUE TO (b) Nervous Sys DUE TO (c)	in Sync tem Syn	drome Associa Chilis	ated with	n Centra	al	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUDENCE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURRED). (Enter noture of injury in	Part I ar Port II	af item 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour a. m. While Nat while of wark of wark of wark	foc	CE OF INJURY (Hame, for tary, street, affice blog., et	m. 20f. (City or	town)	(Caunty	(Stote)
	21. I certify that (I) (this haspital) attended the decessor alive an 1/8/ 19-61.		7/29 19	249, ta_1			hat (I) (we) last e stated abave.
	220. SIGNATURE A RELEASED		ATTENDING	PM	STAFF PHYS.	1/9/61	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) L. Benedict, M. 1).	22d. ADDRESS Crownsvi	lle Stat	e H os pi	tal, Ma:	ryland
	230 SURIAL, GREMAMON, 23b. DATE THEREOF 230 MAME OF	CEMETERY	CREMATORY	23d LOCATION	N (City, town,	us,	M. (800)
	24. FUNERAL PIRECTOR'S SIGNATURE ADDRESS	a. m	250. REC	"D BY REGISTRAF	R 256 REGIS	STRAR'S STGNATI	URE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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-	154
	COUNTY A. A. COUNTY A. COUNTY A. A. COUNTY A. C.
t	c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Saletile Office of the Street address of the
1 0	NAME OF DECEASED Type or print) Fronk, Centhone Wogner DEATH /-24 6 19
S. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Solution by Months Days Hours Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done of the life o
13.	Fronk A. Woquel Follow
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) (If yes, give wor or dates of service)
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which) (b) Conditions (b) Conditions (b) DUE TO Conditions (b) DUE TO Conditions (c).]
	gove rise to immediate cause (o), stating the under-lying cause lost. DUE TO
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \subseteq \)
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur o. m. P. m. 19 Vear Doy, Year of work of wo
	21. 1 certify that (I) (this haspital) attended the deceased fram. 1955. 19,
	22c. PHYSICIAN'S M.D. ATTENDING MED. STAFF PHYS. 7-24 - 22b. DATE SIGNED DIRECTOR PHYS. 7-24 - 22b. DATE SIGNED DIRECTOR 7-24 - 22b. DATE SIGNED DI
	NAME (Type) Robert R. HAHN. 0.0. Box 73 Develue Oak ing
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) L 27-61 Cedan Hill Com Brooklyn L
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE DATE DATE AND 25 61 CITCHER CITCHER CITCHER AND 25 61

3 2 should be filed with the funeral director,

TO HOSPILY OR ATTENDING PHISICIAN: The control of the attending physician ond completely filled moy be required by the haspital or ottending physician.

TO FUNERAZ DIRECTOR: After this certificate has been signed by the attending physician ond completely filled to the following the following propers. Poges 1 or page 3 shauld be detached for use as the burial, crematian, ar remaval, and in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page &

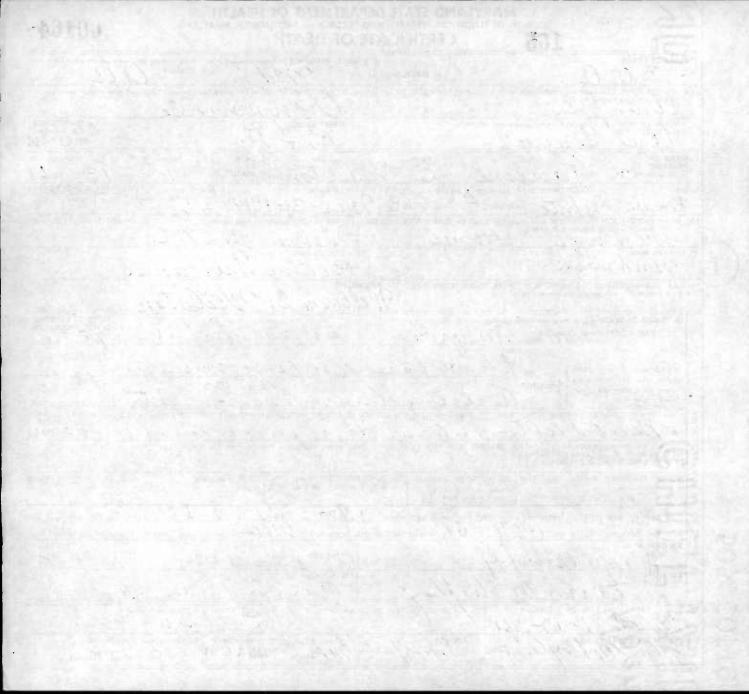
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00164

		165	CERTIFICA	TE OF DEATH	OOLOX
1	1. [PLACE OF DEATH COUNTY A A	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If in a. STATE b. CO	
)	ŀ	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, w	vrite RURAL and give nearest town)
3	(A. NAME OF HOSPITAL (If not in haspital, give stree OF INSTITUTION	et oddress) ?	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print) Faully	nl G	Salston 4. DATE OF DEATH	Month Day Year / 3 196/
	5. 9	temule White wido	ARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In lost birth 4/L)	doy) Manths Days Haurs Min.
		. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	Home	Wilmington 9	7. C. 12. CITIZEN OF WHAT COUNTRY?
I	73.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME GURGE	anus
_		WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17	Villian L. Wals	Mon
		18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]	10 1	INTERVAL BETWEEN ONSET_AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which	human	i I subser is mes	entere
		gave rise to immediate couse (a), stoting the under-lying cause last.	irealing or	neuryng a + a	enta 18th.
-	ICATION	PART II. OTHER SIGNIFICANT CONDITION Muched Cultur	is contributing to BEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
1	L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of 為jury in Port I ar Part II of item 1	B.)
	MEDICA	Hour o. m. Whi		LACE OF INJURY (Home, form, 20f. (City or town) polory, street, affice bldg., etc.)	(Caunty) (State)
		21. I certify that (I) (this haspital) atte	()	death accurred at SWA from the cause	3, 19, that (I) (we) last
		220. SIGNATURE	ly	M.D. ATTENDING MED. STAFF PHYS. PHYS.	22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type) rank M	Shiplay	ann for	er, And
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	Jarbo	ronc.
	24.	FUNERAL DIRECTOR'S SIGNATURE	no Chronispa	250. REC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE



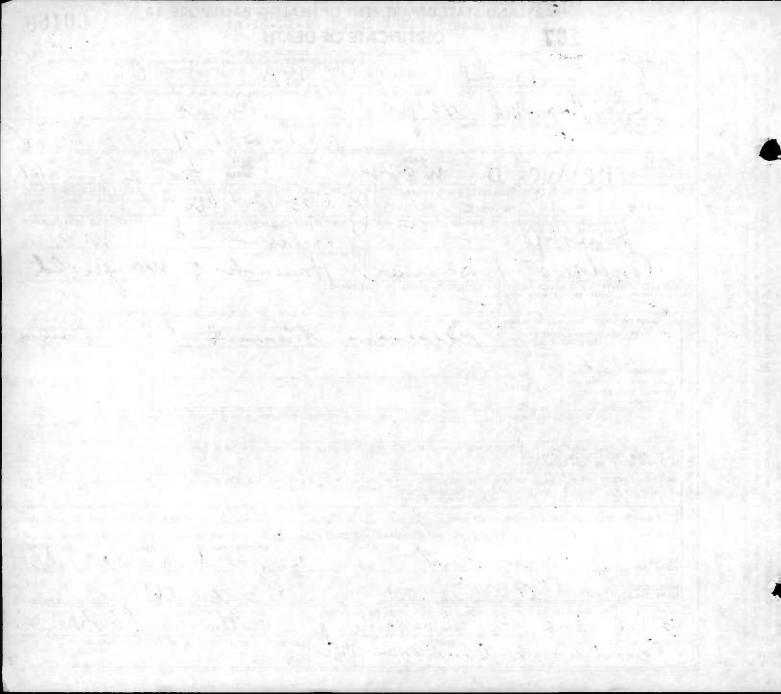
death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FUNER may 10 VS A15 (4) 15M 9/SB

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside exprorate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TO Day Year 1961 IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) ... 19_4, that I lost sow the deceased a, and that death occurred at _____M, from the causes and an the date stated above. DATE SIGNED (Stote) 23. FUNERAD DIRECTOR'S SIGNATUR 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR JAN 5 DATE Orthur & House

00166



VS A15 (4) 15M 9/5B

		162	LAIND		ATE OF DEATH		IIMORE,		Dist. No	CO	1088
1.	PLACE OF DEATH a. COUNTY	Anne Arund	lel	MARYLAND	2. USUAL RESIDENCE (WI	here decease	d lived. If instituti b. COUNTY		ence befo	re admiss	ion)
	b. CITY OR TOWN RURAL and give r Laure	(If autside carporate limi learest tawn)	its, write	c. LENGTH OF STAY IN 16	Washing to:			RURAL ond	give ne	arest tawn	1)
	d. NAME OF HOSPI OR INSTITUTION	Distrrct pital.T Children's	Cent	eriges School	d. STREET ADDRESS	s Stre	et N.E.				FARM?
3.	NAME OF DECEASED (Type or print)	fii Joh		Middle Robe r t	Veil	4. DATE OF DEATH	Mor Ja	nuar	y 30	-/	Year 1961
5.	male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED TO	8. DATE OF BIRTH November 10,	1898	9. AGE (In years last buthday) yrs.	Manths		Hours Hours	ER 24 HRS. Min.
	during most of wo	rking_life, even_if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State unknown		ountry)	12. CI	TIZEN O	F WHAT C	OUNTRY
13.	Father's Name Fred We	il			14. MOTHER'S MAIDEN I		1335				
15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	Children's	Center		, Md.			
	Conditions, if a gave rise to cause (a), stating lying cause last.	immediate DUE TO)))	Bilateral pr							
CERTIFICATION	20a. ACCIDENT W	HER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	1	Mental retarda	JT NOT RELATED TO THETERM <u>ation</u> RED. (Enter nature of injury in			VEN IN PA	ART 1(o)	PERFO	AUTOPSY PRMED?
MEDICAL (20c. TIME OF INJU Haur a. m. p. m.	,	ar 20d. II While at wor	Nat while	PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc		y or tawn)		(County)		. (State
	21. I certify to alive an/ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Stephen W	, 196 W.		_M.DChildr	M, fram ADDRESS (S en!s	the causes are treet, city or town, center, Da	nd an the state) urel	,Md.	pat 1/31	d abave re signed L/61
23.	BURIAL, CREMATION REMOVAL (Specify Burial EUNERAL DIRECTO)	Feb 2,	1961 1961	District Tra	ining School	Lau D BY REGIS	TRAR 24b. REG	ary la ary la ISTRAR'S S	nd_ SIGNATU		e)

XIIII A V P I and agreed to the company of the contract of t

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

CATE OF DEATH

CATE OF DEATH

CATE OF DEATH

103		CERTITI	CAIL	OI DEATH					
1. PLACE OF DEATH o. COUNTY Anne Arundel		MARYL		USUAL RESIDENCE (Who, STATE Maryland	ere deceased live		imore C		sion)
b. CITY OR TOWN (If outside corpo RURAL and give nearest town)	rote limits, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If o	utside corporate l	imits, write RL	JRAL and give i	nearest tow	n)
Crownsville		10 mo. 12	davs	Baltimore		31	101	- 4	0
d. NAME OF HOSPITAL (If not in he OR INSTITUTION	spitol, give stree	et oddress)		d. STREET ADDRESS		Separate Sep			SIDENCE A FARM?
Crownsville Sta	te Hosp	ital		946 Hambur	g Street				NO X
3. NAME OF DECEASED (Type or print)	First Mamie	Middle Loui	se	Westbury	4. DATE OF DEATH	Mont		/	Yeor 1961
5. SEX 6. COLOR O	R RACE 7. MA	RRIED NEVER MARRIED	8. D	ATE OF BIRTH	9. A	GE (In years	IF UNDER 1 YE	-	
Female Negr	WIDO	WED DIVORCED		1903	5	st birthdoy) 7 yrs.	Months Day	s Hours	Min.
10a. USUAL OCCUPATION (Give kind	of work done 10	b. KIND OF BUSINESS OR	INDUSTRY	11. Biki HPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY
during most of working life, even i	t retired)			South C	arolina		U.S	.A.	
13. FATHER'S NAME	1771		1	4. MOTHER'S MAIDEN N					
Anthony Jones			200	Sarah ?					
15. WAS DECEASED EVER IN U. S. ARA	AED FORCES? 1	6. SOCIAL SECURITY NO.	17. INFO	RMANT		Addr	ess		
(Yes, no, or unknown) (If yes, give wor or Unknown)		Unknown	Но	spital Reco	rds				
18. CAUSE OF DEATH [Enter onl	y one cause per	line for (o), (b), and (c).]	1	-			11	NTERVAL 8	ETWEEN
PART I. DEATH WAS CAUS	ED BY:	Cerebral Vas	and an	Accident			0	NSET AND) DEATH
IMMEDIATE C	DUE TO		111111						
Conditions, if ony, which	H	ypertensive	and A	rterioscler	otic Car	diovas	cular D	iseas	е
gove rise to immediate	(b)		-						
lying couse last.	DUE TO								
	NT CONDITION	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERMI	NAI DISEASE CO	NDITION GIV	EN IN PART JO	III WAS	AUTOPS
PART II. OTHER SIGNIFICA Chronic Brain Sy	mdrome	Associated w	rith G	eneralized	Arterios	cleros	is/and	PERFC YES	
PART II. OTHER SIGNIFICA Chronic Brain St 200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING I CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA-	DEATH 20b. DI	ESCRIBE HOW INJURY OC					Senili	ty	, no g
	-	INJURY OCCURRED 2	Oe. PLACE	OF INJURY (Hame, farm	, 20f. (City or to	own)	(Coun	ty)	(Stote
20c. TIME OF INJURY Month, De Hour o. m. p. m.	19 Whi	le Not-white	foctory	_treet_office_bldg., etc)				
21. I certify that (1) (this h	ospital) atte	nded the deceased f	ram	3/1 19	6Ω ₁ .to1	/13	, 19.61,	that (I)	(we) la
saw the deceased alive o	1/13	19 61, and t	hat deal	h accurred a8:1	QM, from the	causes an	d an the da	ste state	d abave
22o. SIGNATURE	6 1			ATTENDING M				27	2b. DATE
1/1/8	illeur	1/4	M.D		RECTOR TO PI	AFF HYS.	1011 11-21	1	/13/
22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS					
	. Bened	ict, M. D.		Crownsvil	le State	Hospi	tal, Ma	rylan	d.
23a. BURIAL, CREMATION, 23b. DATE	THEREOF 7/60	MARTINT		REMATORY	23d. LOCATION	(City, town, c	S, C	(Sto	ite)
EL EUNERAL DIRECTOR'S SIGNATURE	101	ADDRESS		250. REC'	D BY REGISTRAR	25b. REGIS	STRAR'S SIGNA	TURE	
Margaro Pa	Hazes	638 h W	150	DATE	AN 1 6 '61		ulling of t	4	
	1						4. /	COUNTY	

O HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be that has pital ar attending physician.

O FUNEX. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 c 2 should be filed with the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL may be TO FUNERS VR A15 (4) 15M 9/59

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Can emiliar of 10/10 Magringenia de Color				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HTAJORO STADRITHED CHEVENAKE MADIUS NO WELL

TO DY Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please Secute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the pald incident. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be reterned for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death. 62

> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decaesed livad, If Institution: Residence before admission)
Anne Arundel MARYLAND	* STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
write RURAL and give nagrast town	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Severna Park d. STREET ADDRESS 1 8. IS RESIDENCE
	ON A FARM?
Anne Arundel General Hospital	Jones Station YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) ROSAMAE H.	WILSON DEATH January 14, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Colored WIDOWED DIVORCED	5-27-1932 28 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Giva kind of work dogs during most of working life, even if ratired)	RY 11 BIRTHPLACE (State or foreign couptry) 12. CITIZEN OF WHAT COUNTRY?
E) omestic.	Maryland M. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Williams on.	Em man Hillert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Addrass
(Yas and, or unknown) (If yes give wer or dates of service)	and and librar and into
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	many or y pininey or.
DADT I DEATH WAS CALISED BY	ONSET AND DEATH
IMMEDIATE CAUSE (a) Transection of cer	vical spine
812 X DUE TO	
Conditions, if any, which (b)	
gava rise to immadiata cause (e), stefing the underlying DUE TO	
ceuse last. (c)	PARTIAL
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
DIA	PERFORMED? YES X NO T
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	Entar netura of injury in Part I or Pert II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Pedestrian ST	
1 cdeportant 5	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
Hour XXX While Not While fac	tory, street, office bldg., etc.)
10.07	Road PARTIAL Anne Arundel Md.
21. I certify that I took charge of the remains described above, he	eld an Autopsy X, Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident X, Suid	ide , Homicide , Undetermined manner
ACTUAL RON Shan	CHIEF MEDICAL EXAMINER 🔀
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 1/16/61
NAME (Typa) Russell S. Fisher, M.D.	Addrass (Street, city, town, or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF COMETERY O	R CREMATORY 2220 OCATION (City, town, or country) (Stete)
Burial 1-20-61 Stilla	US VIMAGO MICE.
FUNERAL DIRECTOR ADDRESS	10240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Milliam Keeset Munda	DATE JAN 1 8 '61 arthur & Kroun
if the state of th	VIII STATE OF THE

Caboural outs Jones Santion ing brook inverse fobmic soni de la la company to the con-Schile Tri Colored Trible - 11024200 EE//12 EE TO PARTY DE LOCALITY AND ESTATES TO WELL AND THE AND THE BOARD OF THE SERVICE SERVICES. with a ten tennentant of our stent aring a string a solution with the string of the s . hy feengal pana The state of the s The State of the s

FOR STATE HEALTH DEPT. ed for your files. of director. Page TO DEPCE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any leapy is a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the invited to the Chief Medical Examiner's Office along with form PMS, Page 5 may be retained for your powerful DIRECTOR: Page 3 should be used as a burial-transit permit File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any your within 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in any

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 172 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 171

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where			nce before	admission)
Anne Trundel	MARYLAND	Sa.,e		Same	11.4		
b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If oulside co.	rporate limits, write	RURAL and give	nearest tov	vn)
l'asadena	2 years	Same					
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospilal, give street address)	d. STREET ADDRESS					A FARM?
Oldmill Fd.		Same				000000	NO F
3. NAME OF First	Middle	Last	4. DATE	Month	Day	y Yea	r
(Type or print)	Unich+		OF DEAT	н Т	22	10	63
5. SEX 6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH	1	9. AGE (In years	LIFUNDER 1 VEAR		61 24 HPS
CHROLINE VANDE COMPANY				last birthday)	Months Days	Hours	Min.
H C MIDO/		7/3/50		LU yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY
Pupil		Pasadena	Md.		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Milton Robert Wright		Dolores Pa	onlon				
	6. SOCIAL SECURITY NO. 17.	INFORMANT	ST VOI	Address			
(Yes, no, or unkown) (Ifyasgivewarordalasofservica)	b. SOCIAL SECORITI NO. 17.		, .				
		Ernest Green	(step	father)			
18. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), and (c).]					NTERVAL BE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SU	ffocation by sr	10¹te				bucc	
DIL EL DUE TO						12 041	
Conditions, if any, which (b)							
(a), stating the undarlying DUE TO							
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1(a)		AUTOPSY DRMED?
Ĕ					5 14 17		NO TE
PART II. OTHER SIGNIFICANT CONDITIONS CO. 20b. EXTERNAL CAUSE WAS 20b. DESI PRIMARY X or CONTRIBUTING CO.	CRIBE HOW INJURY OCCURED.	(Enter nature of Injury in Par	t I or Part II	of Item 18.)	1		
PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.							
1,100	trapped in seco	and floor of l	her ho	me Which	was bur	ned d	oum.
Hour am Wi	ile Not While - fa	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	n, 2Dt. (C	ity or lown)	(County)		(Slate)
₹ 77 3/p.m. 7/00/67 19 at w	rork at work	10	P	asadena	A.A.	110	
21. I certify that I took charge of the re	emains described ebove, h	eld en Autopsy ,	Inspection	n 📆, Inquir	y [Y], and	d in my o	pinion
death resulted from: Natural causes	7. Accident . Sui	cide Homicide	[]. U	ndetermined m	anner 🗍		
	4	CHIEF MEDICAL	_				
ACTUAL GULLER 16	P. 1. 10	4.00107.4117.4400		_		D. F. C. C. C.	1 0 0000
SIGNATURE	(autico	M.D. ASSISTANT MED		7/		DATE SIG	MED
EXAMINER'S		DEPUTY MEDICAL	L EXAMINER	1/	23/61		
NAME (Type) Gustave h. Jaub	ert.M.D.	Address (Street,					
22a. BURIAL, CREMATION, 22b. DATE THEREOF	226. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	ATION (City, 19wn	, or country)	(Stat	2)
48 11 1-27-61	Int Line	Church (+	m	arthu	A.A.	2. 11	rd.
23. EUNERAL DIRECTOR	ADDRESS	248. REC	'D BY REGIS	FRAR 245 REG	ISTRAR'S SIGNA	TURE	
11. 1 4 16.	At . 30 m		0				
Heart d. I skown Bas	umore of 1	a. DATE	V 2 7 16	1 0	Hun & Kra	A	
/	and the land of	OAL			1 20, 10000		

THY AND BOLE MORE THE RESIDENCE TO A SHOULD BE AS **发展上,是全省是一种各种区域** Sant 1 - 7-61 Met you South to my has Herest F. Brees Collegion to Mit

TO HOSPITAL TO FUNE

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 175

00092

2.10				Reg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY	44.400	2. USUAL RESIDENCE (Where	h COUNTY		
ANNE ARUNDEL	MARYLAND	MARYLAN	1D		RUNDEL
 CITY OR TOWN (If outside carporate limits, wr RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsice	de carporate limits, write R	URAL ond give	nearest town)
ANNAPOLIS, MARYLAND	2 Days	ANNAPOLIS		0	
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet oddress)	d. STREET ADDRESS		1	e. IS RESIDENCE ON A FARM?
11 0 81 11	NAPOLIS, MD.	56 MADISON	PLACE		YES NO
3. NAME OF First DECEASED	Middle	Lost 4.	DATE Mon	ith	Day Year
	Boy "A"	ZIMMERMAN	OF DEATH JA!	4	1 19 61
	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YE	AR IF UNDER 24 HRS.
Marin Order	OOWED DIVORCED	12-30-60	lost birthday) yrs.	Months Day	Hours Min.
00. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fo		12. CITIZEN	OF WHAT COUNTRY
during most af working life, even if retired)		MARYLAND		11	s.
I3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	U.	
DAVID LEE ZIMMERMAN		SHIRLEY MAY			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Add	-011	
(Yes, no, or unknown) [If yes, give wor or dates of service)					
No		S. NAVAL HOSPI	TAL, ANNAPOL	IS, MAR	RYLAD
18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY:		CTREAC			NTERVAL BETWEEN
IMMEDIATE CAUSE (a)	RESPIRATORY DI	STRESS			2 DAYS
13 5 DUE TO					
Conditions, if any, which) (b)	PREMATURITY				
gave rise to immediate couse (a), stoling the under DUE TO					
lying cause last.					
PART II. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY
Š.					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION PART III. OTHER SIGNIFICANT CONDITION	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	I ar Part II of item 18.)		
OR CONTRIBUTING CAUSE OF DEATH		J 7 1 1 1 5 J / S 1 1			
	0d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 2	Of (City or town)	(Coun	ty) (Stote)
Hour a.m.	/hite Not white fac	ctary, street, office bldg., etc.)	on (eny or lown)	(Coon	(31016)
p. m. 17 of	t work at wark				
21. I certify that I attended the dec	ceased from 12-30	, 19 60, ta l-l-	, 1 <u>9 60</u>	that I last	saw the deceased
alive an, 1	19_6], and that death	accurred at 1:30AN	A, fram the causes o	nd an the	date stated above
1 0 00			RESS (Street, city or tawn,		DATE SIGNED
SIGNATURE TON TORS	n	M.D. U.S. NAVAL HO	SPITAL, ANNA	POLIS, A	10. 1-1-61
PHYSICIAN'S LT JOHN J. MC	CANN MC USNR				
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d	I. JOCATION (City, town, o	ar county)	(Sjaty)
BEMOVAL (Specify) 1-3-1961	U.S. Naval	HCademy 1	Innapolis		M.
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2/a. REC'D BY	REGISTRAR 24b. REGIS	STRAR'S SIGNA	TURE
boly the touland one	3 Amanli	DATE JAN	5 '61 a	when a. to	
ALL THE	C - I - WYDU - L	PILITE DAIL			

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			Markette Telephone